Institut de la statistique du Québec

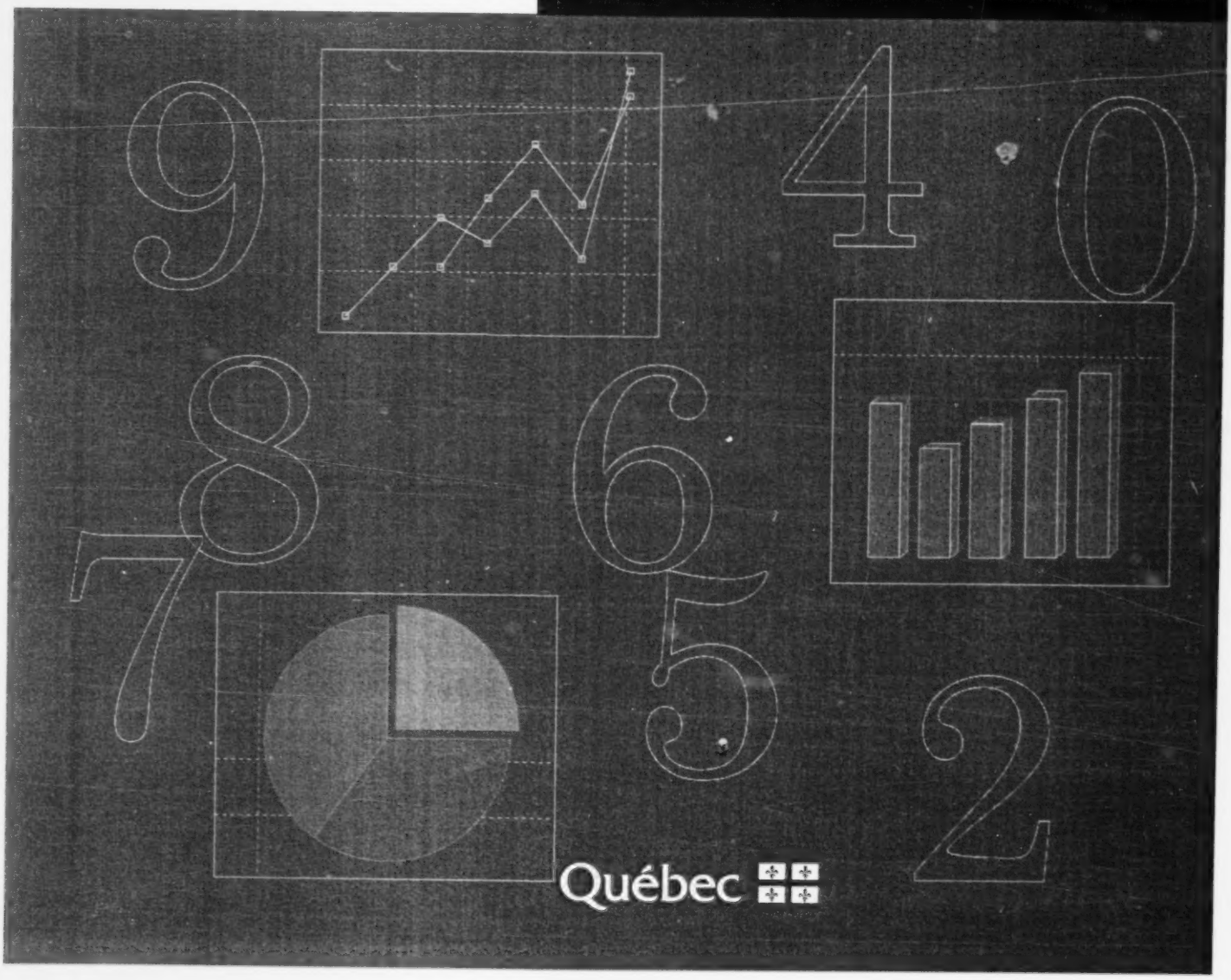
LONGITUDINAL STUDY OF CHILD DEVELOPMENT IN QUÉBEC (ÉLDEQ 1998-2002)

5-MONTH-OLD INFANTS

Conjugal Life of the Parents

Volume 1, Number 11

COLLECTION
Health and Well-Being



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May 2000

Forward

Similar to what has been observed in the majority of industrialized nations over the past twenty years, Québec and Canada have seen a significant increase in the costs related to maladjustment, particularly in young people. The Longitudinal Study of Child Development in Québec (*l'Étude longitudinale du développement des enfants du Québec*) (ÉLDEQ 1998-2002) being conducted by *Santé Québec* (Health Québec),[1] a division of *l'Institut de la statistique du Québec (ISQ)*[2] (Québec Institute of Statistics) in collaboration with a group of university researchers, will provide an indispensable tool for action and prevention on the part of government, professionals and practitioners in the field, who every day must face maladjustment in children.

More precisely, a major purpose of this longitudinal study of a cohort of newborns is to give Québec a means of preventing extremely costly human and social problems, such as school dropout, delinquency, suicide, drug addiction, domestic violence, etc. Similar to what is being done elsewhere (in the UK, New Zealand, the US), *Santé Québec* and a group of researchers have designed and developed a longitudinal study of children 0 to 5 years of age (2,223 children in this study and 600 twins in a related one). It will help gain a better understanding of the factors influencing child development and psychosocial adjustment.

The general goal of ÉLDEQ 1998-2002 is to learn the PRECURSORS, PATHS and EFFECTS, over the medium and long terms, of children's adjustment to school. ÉLDEQ is the logical extension of the National Longitudinal Study of Children and Youth (NLSCY, Canada). These Québec and Canada-wide longitudinal studies are both comparable and complementary. They employ distinct survey methods, and use different techniques to obtain the initial samples. Though many of the instruments are practically identical, about a third of those being used in ÉLDEQ are not the same.

This first report casts light on the enormous potential of the data generated by this study. From the descriptive analyses of the results of the first year of the study to the longitudinal analyses of subsequent years, there will be an enormous wealth of data. With updated knowledge on the development of the cohort of young children, the annual longitudinal follow-up will respond to the needs which the *ministère de la Santé et des Services Sociaux du Québec - MSSS* (Ministry of Health and Social Services), who financed the data collection, expressed in both the Report of the Working Group on Youth (*Rapport Bouchard, 1991, Un Québec fou de ses enfants* - the Bouchard Report, 1991, A Québec in Love with its Children) and the policy papers entitled *Politique de la santé et du bien-être, 1992* (Health and Well-Being) and *les Priorités nationales de santé publique 1997-2002* (Public Health Priorities 1997-2002).

Director General

Yvon Fortin

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1. Certain French appellations in italics in the text do not have official English translations. The first time one of these appears, the unofficial English translation is shown immediately after it. Following this, for ease in reading, only the official French name appears in the text in italics, and it is suggested the reader refer to the Glossary for the English translation.

2. *Santé Québec* officially became a division of the *ISQ* on April 1, 1999.

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Caution:

Unless indicated otherwise, "n" in the tables represents data weighted to the size of the initial sample.

Because the data were rounded off, totals do not necessarily correspond to the sum of the parts.

Unless explicitly stated otherwise, all the differences presented in this report are statistically significant to a confidence level of 95%.

To facilitate readability, proportions higher than 5% were rounded off to the nearest whole unit in the text, and to the nearest decimal in the tables and figures.

Weighting and the complex sample design were taken into account in calculating the results and their precision. The precision of the estimates of proportions was calculated using a mean design effect. This was also used for the chi-square tests, except in questionable cases for which the SUDAAN software program was used. In all other analyses, SUDAAN was used. Basic hypotheses, such as the normality of the data, were verified before applying the selected statistical tests.

Symbols

... Not applicable (N/A)
.. Data not available
– Nil or zero
p < Refers to the threshold of significance

Abbreviations

CV	Coefficient of variation
Not avail.	Not available
not signif.	Not significant

Acknowledgments

Santé Québec recognizes that the development and implementation of the Longitudinal Study of Child Development in Québec (ÉLDEQ 1998-2002) flows directly from the synergy of effort and professionalism of many people throughout the whole process of mounting a survey of this size. Since 1995, individuals, various groups and organizations, a survey firm and the staff of *Santé Québec* have become indispensable links in making this ambitious project a reality - the first annual longitudinal survey of Québec infants.

A major characteristic of this project is that a pretest and survey are conducted every year. To accomplish this, we must annually: 1) make two sets of instruments (pretest and survey), 2) conduct two data collections, 3) analyze two sets of data, and 4) produce two types of communications materials. The results of each pretest means fine-tuning and developing instruments for the survey, which follows 17 months later. The results are sent to the parents (highlights), published in reports, and communicated to the scientific community and the public at large. The professionals and staff involved in collecting the data, as well as those involved before and after, must put their nose to the grindstone every year. We cannot over-emphasize our profound recognition of the incredible, concerted effort they are putting into this project over an 8-YEAR period, from the first pretest in 1996 to the final report to be published in 2004!

First, it must be said that without Daniel Tremblay, Director of *Santé Québec* (now part of the *ISQ*) since 1994, Christine Colin, Assistant Deputy Minister responsible for Public Health 1993-1998, Aline Émond, Director of *Santé Québec* 1986-1993, Richard E. Tremblay, Director of the ÉLDEQ research project, and Marc Renaud, President of *le Conseil québécois de la recherche sociale - CQRS* 1991-1997, ÉLDEQ 1998-2002, also known as "In 2002...I'll Be 5 Years Old!," would have never seen the light of day. In turn and together, they developed, defended and obtained the financing for this study. Thank you for your indefatigable tenacity.

A warm thanks to all the researchers and the support staff of their respective research groups, whose determination over the years has never wavered. Putting their research grants together every year has contributed to the development of the instruments, analysis of the data and publication of the copious results.

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A very special thanks to all the master designers of the National Longitudinal Study of Children and Youth (NLSCY, Canada). Without their expertise, advice and generosity, our survey would never have been accomplished. In many senses of the word "modeling," ÉLDEQ has learnt a lot from the NLSCY.

We would also like to extend out gratitude to the staff of the *Groupe de recherche sur l'inadaptation psychosociale chez l'enfant - GRIP* (Research Unit on Children's Pyschosocial Maladjustment) at the University of Montréal. Without their expertise, some of our survey instruments would have never been computerized to such a high level of quality.

We would like to thank the personnel in the *Service de support aux opérations de la Régie de l'assurance-maladie du Québec - RAMQ* (Operations Support Section of the Québec Health Insurance Board). Without their efficiency, fewer letters of introduction would have found their way to the correct addresses of respondents.

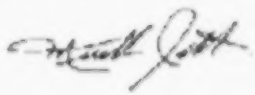
Our sincerest thanks go to our survey firm, *Bureau d'interviewers professionnels (BIP)*. Since 1996, this polling company has been responsible for data collection in the pretests and surveys, and follow-up of families both inside and outside of Québec. Lucie Leclerc, President of *BIP*, has set the standard of quality for our numerous and complex data collections. Assisted by Véronique Dorison, she has instilled in her interviewers a great sense of respect for the respondent families, as well as a rigourous regard for all the norms governing this first-of-a-kind survey in Québec.
A big thank-you to the directors-general, directors of professional services, and staff of the medical records departments of some

80 hospitals in the province who accepted to collaborate in our study at a time when resources were rare and time was at a premium, and when the medical records departments in many hospitals were merging or in the process of doing so. Their support was exceptional. Birthing centres also graciously accepted to participate in this first Québec longitudinal study of children. A special thanks to Julie Martineau, medical records specialist, who contributed to the analysis of indispensable medical information by ensuring very rigourous coding of the data, which often lay concealed in the medical files of the infants and their mothers.

It goes without saying that the staff of *Santé Québec* Division directly attached to ÉLDEQ 1998-2002 are the cornerstone of its success from practically every point of view. Special thanks for their ongoing contribution and constant hard work go to Hélène Desrosiers and Josette Thibault, responsible respectively for analysis of the data and creation of the measurement instruments; Martin Boivin, Rolland Gaudet and Gérald Benoît, who constantly pushed the limits of what computer software can do in terms of programming and data processing; Suzanne Bernier-Messier and Diane Lord, who give meaning to the word versatility, who must organize, code and manage incredible quantities of data to ensure the progress of the study. Not directly attached to the team but who made extremely important contributions are: France Lacoursière, France Lozeau and Thérèse Cloutier, who put the finishing touches to the *Santé Québec* "look" in the survey instruments, reports and conference publications; Lise Ménard-Godin, who conducted fruitful literature searches and advised on many aspects of the collection instruments. The hard work, constant availability, ability to adapt, and finely-honed skills of the people working on this project match the enthusiasm that all our partners have demonstrated in making this study a resounding success.

Finally, I would like to extend a very special thank-you to the 2,223 families who responded to our survey. Thank you for the trust you have shown in *Santé Québec*, our partners and collaborators.

Thanks to your participation, your children have become the veritable stars of ÉLDEQ 1998-2002, and are making it possible, in the short term, to gain a better understanding of psychosocial adjustment in children. In the medium and long terms, they will likely be in large part responsible for the establishment of early detection programs, better designed prevention programs, and more effective interventions for such an important clientele - all of Québec's children.



Mireille Jetté
Project Coordinator
Santé Québec Division, *ISQ*

Preventing Social Maladjustment

It suffices to consider the costs engendered by behavioural problems in children - school dropout, delinquency, alcoholism, drug addiction, family violence, mental disorders and suicide - to conclude that they largely surpass what a modern society can accept, morally and economically. Faced with the enormity of these problems, the first reflex is to provide services to these people which will, ideally, make the problems disappear, or at the very least, lessen their severity. For many years we have tried to offer quality services to children and adults who suffer from antisocial disorders, alcoholism, drug addiction, depression, and physical or sexual abuse. However, in spite of enormous investment, these curative services are far from being able to respond to the demand.

Although the idea of early intervention as a preventive measure can be traced at least as far back as ancient Greece, the second half of the 20th century will certainly be recognized as the dawn of the field of social maladjustment prevention (Coie *et al.*, 1993; Mrazek & Haggerty, 1994). Numerous programs have been developed for adolescents and teenagers to prevent school dropout, delinquency, drug addiction and suicide. Scientific evaluations of these programs have been far too few in number, but they tend to demonstrate that it is extremely difficult to help those most at risk in this age group (Rosenbaum & Hanson, 1998; Rutter, Giller & Hagell, 1998; Tremblay & Craig, 1995). It is becoming increasingly clear that the factors which lead to serious adaptation problems are in place long before adolescence. Hence the idea that the prevention of social adaptation problems should start at least during childhood, and preferably right from pregnancy (Olds *et al.*, 1998; Tremblay, LeMarquand & Vitaro, 1999). These principles are clearly outlined in the objectives of the *Politique de la santé et du bien-être* (Policy on Health and Well-Being) and *les Priorités nationales de santé publique* (Priorities for Public Health) set by the government of Québec (ministère de la Santé et des Services sociaux, 1992; 1997).

The Need to Understand Early Childhood Development

If the field of maladjustment prevention appeared at the end of the 20th century, it has certainly come on the heels of child development. "*Émile,*" by Jean-Jacques Rousseau, needs to be re-read in light of recent studies to realize just to what degree it is impossible to understand the complexity of child development, and therefore the means of preventing deviant paths, simply by reflection or introspection. Although considerable knowledge has been acquired in the neurological, motor, cognitive, affective and social development of children, what really hits home is that Jean-Jacques Rousseau and his followers in education seemed to have had more certainty about the ways of educating children than we do today.

Progress in child development research has made us realize that things are not as simple as we can or would like to imagine. We have obviously all been children, and most of us have become parents, indeed, relatively well-adjusted ones. But we still do not clearly understand when, how and why adjustment problems appear, and above all, how to prevent and correct them.

Our ignorance is obvious when we examine the debates among specialists on the role of parents in the development of maladjustment problems in children. Some suggest that social maladjustment in children is largely determined by genetic factors (Bock & Goode, 1996; Rowe, 1994). Some accentuate economic factors (Duncan & Brooks-Gunn, 1997). Other researchers attribute a determining role to peer influence (Harris, 1998; Harris, 1995; Vitaro *et al.*, 1997). These larger questions lead to narrower ones which focus on particular aspects - the role of fathers in childhood maladjustment, the impact of alcohol and cigarette consumption during pregnancy, the effect of prenatal and birthing problems, the importance of breast feeding and diet; the role of sleep, cognitive development, temperament, and so on.

The majority of these questions are at the heart of the daily concerns of parents, grandparents, educators, family service providers, and legislators. What can we do to maximize the development of our children, to prevent severe psychosocial maladjustment? What should we do when problems begin to appear, when pregnant mothers, or fathers themselves have

a long history of disorders? The answers to these questions obviously have an effect on the policies put forth by Québec government Ministries such as *ministères de la Famille et de l'Enfance* (Family and Child Welfare), *de l'Éducation* (Education), *de la Santé et des Services sociaux*, *de la Solidarité sociale* (Social Solidarity - formerly Income Security (Welfare)), *de la Sécurité publique* (Public Security), *de la Justice* (Justice), and *le ministère de la Recherche, Science et Technologie* (Research, Science and Technology).

The Contribution of ÉLDEQ 1998-2002

The Longitudinal Study of Child Development in Québec (ÉLDEQ 1998-2002) was conceived in order to contribute to our knowledge of the development of children in their first 5 years of life. The main goal is to gain a better understanding of the factors, in the years of rapid growth, which lead to success or failure upon entry into the school system. The goal of the second phase (if approved) is to better understand development in elementary school, in light of development in early childhood.

We know that this survey cannot be a definitive one on child development in Québec, but it is the first representative study of a provincial cohort of children who will be measured annually from birth to entry into the school system. It specifically aims at understanding the development of basic skills needed for educational success.

Although the effort to set up this study began in 1989, the first data collection coincided with the Québec government's implementation of its *Politique Familiale* (Policy on Families). The policy has virtually the same objectives as our study:

> "These services for children 5 years and under should give all Québec children, whatever the socioeconomic status of their parents, the chance to acquire and develop the skills that will allow them to succeed in school (1997, p. 10)."

On March 3 1999, in the speech opening the 36th session of the Québec legislature, Premier Lucien Bouchard confirmed that early childhood development was a priority for the government:

> "The theme that will dominate our actions this year, next year, and throughout our mandate, is youth... The priority...with regards to youth in Québec, begins with the family and childhood... This massive investment in early childhood... will give our children the best chance of success in the short, medium and long terms. It is our best asset against alienation and despair. It is our best preparation for personal, social and economic success."

Because of this historic coincidence, ÉLDEQ has the potential of becoming an invaluable tool for monitoring the effects of Québec's massive investment in early childhood which began in 1997. Thanks to the data collected by the federal government's National Longitudinal Study of Children and Youth (NLSCY, Canada), we will be able to compare child development in Québec with that elsewhere in Canada, before and after the implementation of Québec's new policy on the family.

However, our initial objectives are more modest. The 12 or 13 papers in this series present the results of our first annual data collection. They describe the characteristics of the families and children when the latter were 5 months old.[3] They cover sociodemographic characteristics, nature of the birthing process, health and social adaptation of the parents, family and couple relations, parent-infant relations, and characteristics of the 5-month-old, such as sleep, diet, oral hygiene, temperament, and motor, cognitive and social development. These data will eventually be compared to those on children the same age collected by the NLSCY in 1994 and 1996.

An Interdisciplinary, Multi-University Team of Researchers

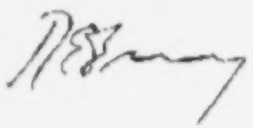
This study saw the light of day because of the collaboration of many people. In the preceding pages, Mireille Jetté thanked a number of them. I would like to take advantage of this introduction to emphasize that the survey was set up and continues forward because of the dedication and hard work of a group of researchers from a variety of disciplines and universities. I would particularly like to thank Michel Boivin, School of Psychology at Laval University, and Mark Zoccolillo, Department of Psychiatry at McGill University,

3. To simplify the text in this report, the phrase "5-month-old infants" will be used to refer to infants whose mean age was 5 months during data collection in 1998. In section 3.1.3 (Volume 1, Number 1), we explain why the infants were not all exactly the same age. As indicated in no. 2 of this series, 52% of the infants were less than 5 months, and 3.4% were 6 months of age or over.

who have been actively involved in this project since 1992. It was in that year that we prepared out first grant application for the Social Sciences and Humanities Research Council of Canada. A second group of researchers joined the team in 1993 and 1994: Ronald G. Barr, pediatrician, Montréal Children's Hospital Research Institute, McGill University; Lise Dubois, dietitian and sociologist, Laval University; Nicole Marcil-Gratton, demographer, University of Montréal and Daniel Pérusse, anthropologist, University of Montréal. Jacques Montplaisir, Department of Psychiatry, University of Montréal, joined the team in 1995. Louise Séguin, Department of Social and Preventive Medicine, University of Montréal and Ginette Veilleux, *Direction de la santé publique de la Régie régionale de la santé et des services sociaux de Montréal-Centre* (Public Health Department, Montréal-Centre Regional Health Board), joined in 1998. Three post-doctoral researchers have also made an important contribution. Raymond Baillargeon developed the task for measuring cognitive development. Christa Japel is the assistant to the scientific director for planning, analysis and presentation of the results. Heather Juby collaborates in the analysis of the data on couple and family history.

A Unique Confluence of Circumstances

A study such as this requires the coordination of many researchers over many years, enormous financial resources, and a long period of preparation. Though in the early 1990s the research team was convinced of the need for the survey, those responsible for the public purse had also to be convinced. We must therefore acknowledge the happy confluence of circumstances that allowed the players to take advantage of the opportunity at hand. When a number of civil servants in the *ministère de la Santé et des Services sociaux* understood the essential role of prevention, the creation of a committee on children and youth in 1991 led to an increased awareness of the importance of early childhood. At the same time, the president of the *CQRS*, Marc Renaud, had come to the same realization with his colleagues in the Population Health Program at the Canadian Institute for Advanced Research (CIAR). Aline Émond, the Director of *Santé Québec*, was ready to apply her formidable determination to work for the cause. For their part, Health Minister Jean Rochon and his Assistant Deputy Minister for Public Health, Christine Colin, aware of the importance and benefit of longitudinal studies on early childhood development, authorized the investment of large sums of money during a period of draconian budget cuts. This occurred at the same time as the federal government decided to create its own longitudinal study of children and youth (NLSCY). It is in this context that ÉLDEQ 1998-2002 materialized. Our survey also came to fruition because Mireille Jetté did everything in her power to make the researchers' dreams a reality, and Daniel Tremblay gave her all the support she needed by making various resources available for the project.



Richard E. Tremblay, Ph.D., M.S.R.C.
Chair of Child Development
University of Montréal

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Review of the Methodology

This analytical paper is one of a series presenting cross-sectional data collected on a large sample of 5-month-old infants surveyed in 1998. It reports on the first of 5 annual data collections on 2,120 children in Québec who will be studied until they are 5 years old. In the first year of data collection, the results on 2,223 infants were retained.[4]

The target population of the survey is Québec babies, singleton births only,[5] who were 59 or 60 weeks of gestational age[6] at the beginning of each data collection period, born to mothers residing in Québec, excluding those living in the Northern Québec, Cree, and Inuit regions, and on Indian reserves, and those for whom the duration of pregnancy was unknown. Due to variations in the duration of pregnancy and the 4 or 5 weeks allotted for each data collection wave, the infants were not all exactly the same age (gestational or chronological) at the time of the survey. Therefore, the children in Year 1 (1998) of the survey had a mean gestational age of 61 weeks - about 5 chronological months.

The survey had a stratified, three-stage sampling design, with a mean design effect for the proportions estimated at 1.3. To infer the sample data to the target population, each respondent was given a weight corresponding to the number of people he/she "represented" in the population. ÉLDEQ 1998 comprised eight main collection instruments which obtained data from the person who was closest to the baby (called the Person Most Knowledgeable - PMK), the spouse (married or common-law), the infant and the absent biological parent, if applicable. Given variation in the response rates to each instrument, three series of weights had to be calculated to ensure inferences to the population were accurate. Except for the Self-Administered Questionnaire for the Absent Father (SAQFABS) and a series of questions in the Computerized Questionnaire Completed by the Interviewer (CQCI) on absent fathers - the overall or partial response rates of which were too high - the results of all the instruments could be weighted. Therefore, the data presented here have all weighted to reduce the biases.

All data that had coefficients of variation (CV) 15% or higher are shown with one or two asterisks to clearly indicate the variability of the estimate concerned. In addition, if the partial non-response rate was higher then 5%, there is a note specifying for which sub-group of the population the estimate is less accurate.

Similar to any cross-sectional population study, the Year 1 part (5-month-old infants) of ÉLDEQ 1998-2002 has certain limits. However, the vast majority of the results are valid and accurate, and provide a particularly detailed portrait, for the first time, of 5-month-old infants in Québec.

Note to the reader: For more details on the methods, see Volume 1, Number 1 in the present series. Detailed information on the sources and justification of the instruments used in Year 1 of ÉLDEQ 1998-2002, and the design of the scales and indices used in this paper, are covered in Number 12, entitled "Concepts, Definitions and Operational Aspects."

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4. Though the results for 2,223 children were retained for the first year of data collection, 2,120 will be retained for the rest of the longitudinal study; the extra 103 were part of an over-sample used to measure the effects of the January 1998 ice storm.

5. Twins (twins births) and other multiple births were not targeted by the survey.

6. Gestational age is defined as the sum of the duration of gestation (pregnancy) and the age of the baby.

Conjugal Life of the Parents

Part I

The Parents' Conjugal History

1. Introduction

The question of the impact of conjugal instability on the positive development of children's well-being has received considerable attention since marital dissolution has replaced widowhood as a primary factor in the break-up of families. Starting and keeping a family together and nurturing it as a partnership at least until the children grow up and leave home no longer seems to be a necessary premise for conjugal life. Indeed, for over thirty years this traditional vision has been under fire from all sides. The 1970s were marked by an increase in the divorce rate, and the 1980s by the decline in marriage and growth of common-law unions as the union of choice for entry into life as a couple. More recently still, these "paperless" unions have taken over from marriage as the context for starting a family, notwithstanding their greater fragility even when children are involved (Le Bourdais *et al.*, in press).

The multitude of studies attempting to give the final verdict on understanding how conjugal mobility affects the children "of divorce" have arrived at varying and sometimes contradictory conclusions. However, most of them confirm some negative associations between family instability and the well-being of children, whether in terms of psychosocial adjustment, standard of living, educational achievement or subsequent behaviours related to their own conjugal life course (Amato & Keith, 1991; Cherlin *et al.*, 1998; Seltzer, 1994). While some see associations between the children's well-being and hold the circumstances preceding the break-up responsible for child outcomes, notably parental conflict (Fergusson *et al.*, 1994; Jekielek, 1998), others view them as the result of the circumstances that follow, whether sociodemographic (frequency of contact with the non-custodial parent, conflict between the parents during the separation, new unions of the parents), or socioeconomic (poverty) (Amato, 1993; Coleman, 1988).

Many of these studies have the same deficiency: they use static, dichotomous measures of the family situation at a given point in time (two-parent vs. single-parent, intact vs. step, etc.) to represent the family effect in statistical models used to test the impact of family transitions on child development. Fortunately, increasing numbers of longitudinal studies are being conducted, and are therefore providing a more comprehensive portrait of the family history of children;. In the United States, for instance, researchers are now presenting more in-depth analyses of the associations between family life and child development based on data from the *National Longitudinal Survey of Youth* (Cooksey, 1997; Jekielek, 1998). In her analysis of the effects of the marital history of young mothers on the cognitive, affective and motor development of children, Cooksey used a variable that distinguishes six types of family histories. Unfortunately, like most American studies conducted until very recently, no distinction was made between children born into common-law unions and those born to single mothers, so it is difficult to make comparisons with the situation in Québec.

ÉLDEQ 1998-2002 is a longitudinal study that provides even more detailed information on various aspects of family life. It has adopted the survey instruments and questionnaires first developed for the *National Longitudinal Study of Children and Youth* (NLSCY, Canada),[7] which is collecting information on the marital and parental life of both parents, not only after the birth of the child but before.[8] By integrating information collected bi-annually on the family history of both parents, with indicators of motor, affective and cognitive development, and family socioeconomic data, researchers will be able to gain a better understanding of how events in family pathways (break-up of the parents, new unions, addition of step-siblings in the family environment) affect the children's development. They will also be able to better identify the mechanisms by which certain children remain deeply affected by their parents' break-up, while others seem to emerge unscathed.

The children of ÉLDEQ 1998-2002 were only 5 months old at the time of the first data collection, and since birth, few had seen their family environment change through the conjugal mobility of their parents (see No. 2 in this series of papers). However, these infants in general already possess "markers" arising from the conjugal history of the parents indicating the risk they face of experiencing the transformation of the family into which they were born. These "markers," or determinants of turbulent family paths, were documented by the first analyses conducted on the NLSCY data.

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7. A survey conducted by Statistics Canada for Human Resources and Development Canada on 22,831 children aged 0 to 11 years at the time of the first data collection in the winter of 1994-1995. The sample is representative at the provincial level. Data are collected every two years.

8. Specifically, the section of the CQCI (Computerized Questionnaire Completed by the Interviewer) entitled "Family History and Child Care."

Data from the first cycle of this survey revealed associations between the type of parental union at the birth of the child and the probability of the latter experiencing the break-up of this union. For example, being born to a common-law couple seems to increases the risk by a factor of four that Québec children will see their parents separate before their 6th birthday[9] compared to children born to a traditional married couple, namely one in which the partners had not previously lived together in a common-law union (Marcil-Gratton, 1998). In addition to the greater incidence and precocity with which children are seeing their parents break up, increased numbers are experiencing one or more family recompositions resulting from new relationships of their mother, father or both.

Data from Year 1 of ÉLDEQ has already made it possible to categorize the children according to the parental and conjugal history of their parents at birth. By combining this information with future data collected on the family, we will be able to do more in-depth analyses of the factors linking family mobility experienced by the children to the type of union chosen by their parents. For example, we will be able to examine the influence of factors such as employment characteristics, family income and conjugal dynamics on marital instability, and go beyond the simple fact that common-law unions are less stable than marriages. But first above all, we need to understand the diversity of family contexts into which children are being born, and this is possible due to the detailed data ÉLDEQ has provided on the conjugal and parental history of both parents preceding the birth of the child. Indeed, it is this period prior to the infants coming into the world that the analyses in this paper have as their focus. It is clear from examining the tables that the infants were not all similar in terms of the family history of their parents. The diversity of the conjugal history of the mothers and fathers already presages a very diversified family future for these children who, for the most part, were still born into two-parent families.

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9. For the cohorts born between 1983 and 1987, it was calculated that 37% of Québec children born to a common-law couple had seen their parents separate before their 6th birthday, versus only 9% whose parents had not lived together before marrying.

2. A Minority of Births in the Context of Traditional Marriage

Birth records have shown a remarkable surge in the proportion of children born outside marriage in the past ten years, who even in the recent past, were designated as "illegitimate." Representing less than 10% of births before the 1980s, they had become the norm by the mid-1990s, comprising 55% of all Québec babies born in 1997 (Bureau de la statistique du Québec, 1998), a little before the cohort for ÉLDEQ 1998-2002 was established.

However, though most children were born outside marriage, the vast majority were being born into two-parent families (Table 2.1). In 1998, still only a minority (8%) of the infants were born into single-parent families, and in contrast to the situation a number of years ago, they no longer fit the image of a baby born to a young single mother, conceived in a short-term relationship and abandoned by the father. In nearly half of these cases (4%), the parents had lived together before the birth, and, as will be indicated later in this paper, a good proportion of fathers were in the picture at the time of the birth to varying degrees.

More than 9 in 10 infants (92%) were born to parents who were living together as a couple, but in more than half of these cases (48%) they were living in a common-law union. Though 44% of the babies were born to a married couple, only 19% were born to parents who had married without first living together. Therefore, the so-called "traditional" marriage seems to have been swept aside in the wake of Québec's "quiet revolution," and no longer constitutes the primary context for family formation in the province.

Table 2.1
Distribution of Infants by Type of Parental Union at the Time of the Birth, 1998

	n	%
Parents living together at the time of the birth	**2,030**	**91.6**
Married	975	44.0
Had not lived together before marriage	413	18.6
Had lived together before marriage	562	25.4
Common-law	1,055	47.6
Parents not living together at the birth	**187**	**8.4**
Had never lived together	103	4.6
Had lived together before the birth	84	3.8
Total	**2,217**[1]	**100.0**

1. A few cases (n = 6) were excluded because of lack of data on the conjugal situation of the parents at the time of the birth.

Source : *Institut de la statistique du Québec, ÉLDEQ 1998-2002.*

3. Born to Parents with a Conjugal Past - Increasingly Common

In contrast to the era when more than 90% of Québec children were born to parents in their first marriage with no experience of cohabitation with their spouse or anyone else, at the end of the 1990s babies were being born in large part to parents who had already been in unions with other partners (Table 3.1). Thirty-eight per cent of all the ÉLDEQ newborns had at least one parent who had lived with someone prior to the union with the other parent; for 15% of them, both parents were in at least their second union.

Table 3.1

Distribution of Infants Born into a Two-Parent Family by Type of Union of the Parents and Previous Unions of the Parents, 1998

	Previous unions				Total	
	Neither parent	Mother	Father	Both parents	n	%
	%					
Married						
Had not lived together before marriage	90.4	2.3**	6.2*	1.1**	413	100.0
Had lived together before marriage	64.2	14.0	11.8	10.0	560	100.0
Common-Law	49.9	12.8	15.2	22.1	1,055	100.0
Total	**62.1**	**10.9**	**12.5**	**14.5**	**2,028**[1]	**100.0**

1. Two cases were excluded because of missing or inconsistent data on the conjugal history of the parents.

* Coefficient of variation (CV) between 15% and 25%; interpret with caution.

** Coefficient of variation (CV) higher than 25%; imprecise estimate for descriptive purposes only.

Source : *Institut de la statistique du Québec, ÉLDEQ 1998-2002.*

This situation has obviously resulted from the greater conjugal mobility of recent years in unions. Since mobility is associated with the type of union, children born into "traditional" unions were more likely to be born to parents who had no previous experience of conjugal life. This is clearly shown in Table 3.1: 90% of children born into families where the spouses had never not lived together before their marriage were born to two parents who were in their first union. At the other end of the scale, only half (50%) of the infants born into a common-law union came from parents who had never lived with other partners; in more than one in five cases (22%), both parents had already lived with or been married to other partners.

The purpose here is not to pass judgment on the relative merits of being born into a first or subsequent union, but rather to analyze the children's family in the light of whether they were born into a contextwhere conjugal mobility was already present in the parents' history. The conjugal history of the parents becomes an even more pertinent variable when it is linked to their previous experience of parenthood. The growing mobility of couples has also had the effect of expanding the family network of children who are increasingly endowed at birth with siblings from previous unions of their parents.

4. Born into Stepfamilies - A New Characteristic of Births

Resulting from increased conjugal dissolution and new relationships of the parents, children are now more likely to experience at least one episode in a stepfamily. This phenomenon has two basic forms: either the child of separated parents will have to adapt to a new family configuration involving the addition to the household, on a more or less regular basis or not, of "brothers" or "sisters" from a previous union of his mother's or father's new partner, or the child is born into an existing stepfamily and shares his biological relationship to the father or mother with his half-brothers and/or half-sisters. However, there is an additional category of children. Not normally classified as children in stepfamilies, they were also born into a wider family network, and will therefore be included in this part of the analysis. They comprise children with half-siblings who were not living in the household at the time of their birth.

The analysis that follows therefore includes all the infants for whom at least one parent had children from a previous union, even if they were not living in the household at the time their half-brother or half-sister was born. Many researchers consider these families to be "intact" because from the point of view of the newborn, the family environment of the household consists only of his biological relations. However, even though the children of previous unions do not live in or visit the infant's household, they are nonetheless part of the family landscape. They may constitute an external network, but it is still one for which their mother or father is responsible, and which undoubtedly has an emotional as well as financial impact on their lives. The children outside the household are part of the parent's family history and this justifies their inclusion here with other "reconstituted" families. However, a distinct category was established for them, so that over the course of the longitudinal survey better measurements can be made of the association between the child's residential environment and his risk of experiencing a family pathway marked by the conjugal mobility of his parents.

As shown in Table 4.1, 15% of infants born into a two-parent family had parents who had already had children with other partners. These children were approximately evenly distributed in terms of coming from previous unions of the mother or father. In only a small number of cases was the infant born into a family in which both parents had children from a previous union (1.7%).

Table 4.1
Distribution of Infants Born into a Two-Parent Family by Whether Their Parents Had Children from a Previous Union, 1998

	n	%
No children from a previous union	**1,728**	**85.2**
Children from a previous union	**300**	**14.8**
Mother only	127	6.3
Father only	138	6.8
Both mother and father	35	1.7*
Total	**2,028**[1]	**100.0**

1. Some cases were excluded because of lack of data on the parental history of the parents.

* Coefficient of variation (CV) between 15% and 25%, interpret with caution.

Source : *Institut de la statistique du Québec, ÉLDEQ 1998-2002.*

Table 4.2 presents the family environment of the infants at the time of their birth, for all children, irrespective of the type of family into which they were born (single- or two-parent). Two aspects are noteworthy. Firstly, more infants were born into a two-parent family in which at least one of the parents already had children from a previous union (14%) than were born into a single-parent family (8%). Secondly, a fifth (2.8%) of the former group did not share a residence at birth with their half-siblings. Although these results were based on a small number of children, they coincide with findings from the larger NLSCY sample (Marcil-Gratton & Le Bourdais, 1999), which also indicates that the vast majority of such cases concern infants whose half-siblings were those from a previous union of the father, and who in large part went to live with their mother after the breakup. Conversely, the majority of infants born into a household with half-brothers and/or half-sisters living there had the same biological mother, but not the same biological father. It will be interesting to study the stability of stepfamilies related to their various structures, and to examine whether the risk of parental breakup varies for children living in a stepfamily according to the origin of the half-siblings in the household (from a previous

union of the father, the mother or both parents). Some studies seem to indicate that it does (Desrosiers *et al.*, 1995; Marcil-Gratton & Le Bourdais, 1999).

Table 4.2
Distribution of Infants by Family Environment at the Time of the Birth, 1998

	n	%
Two-parent family		
No CPU[1]	**1,728**	**78.0**
All CPU live elsewhere	**61**	**2.8**
CPU of father only	53	2.4*
CPU of mother or both parents	8	0.4**
CPU living in the household	**239**	**10.8**
CPU of mother only[2]	134	6.1
CPU of father only	85	3.8
CPU of both parents	20	0.9**
Single-parent family	**187**	**8.4**
Total	**2,215**[3]	**100.0**

1. Child(ren) of a Previous Union.
2. In a very small number of cases (0.6%), the family also included children of a previous union of the father who was not living in the household.
3. Eight cases were excluded because of lack of data on the conjugal or parental history of the parents.

* Coefficient of variation (CV) between 15% and 25%; interpret with caution.

**C oefficient of variation (CV) higher than 25%; imprecise estimate for descriptive purposes only.

Source : *Institut de la statistique du Québec, ÉLDEQ 1998-2002.*

5. Common-Law Unions and Stepfamilies - A Cumulative Risk?

In Québec, common-law unions have become the union of choice among couples having a child. The 1998 data show that 52% of the infants were born into a two-parent family in which the parents were in a common-law union (Table 5.1). Elsewhere in Canada, although more couples are choosing to start a family within a common-law union, they still constitute a minority. In Ontario, for example, cohabitation is most common among stepfamilies (Péron *et al.*, 1999), while in Québec couples choose common-law unions to begin their first family, and a second when the first dissolves. Another distinction is that, though in Canada as a whole families based on common-law unions are less stable than those based on married ones, the difference between the two is smaller in Québec than in the rest of the country (Marcil-Gratton, 1998).

Table 5.1

Distribution of Infants Born into a Two-Parent Family by Family Environment at the Time of the Birth and by Type of Union of the Parents, 1998

	Type of union			Total	
	Marriage (direct)	Marriage after common-law	Common-law	n	%
	%				
No children from a previous union	22.5	29.1	48.4	1,728	100.0
CPU[1] living elsewhere	23.8**	23.3**	52.9	61	100.0
CPU[1] living in the household	3.7**	18.9	77.4	2391	00.0
Total	**20.3**	**27.7**	**52.0**	**2,028**[2]	**100.0**

1. Child(ren) of a Previous Union.
2. Two cases were excluded because of lack of data on the parental history of the parents.

**Coefficient of variation (CV) higher than 25%; imprecise estimate for descriptive purposes only.

Source : *Institut de la statistique du Québec, ÉLDEQ 1998-2002.*

Table 5.1 shows the effect of these trends in Québec and the associations between the type of union and family environment at birth. In spite of the high coefficients of variation due to low numbers, two observations can be made. Births to common-law couples represented about half of those in families with no children from a previous union (48%), or in those in which children from a previous union were not living in the household (53%). However, they comprised nearly 8 out of 10 births to a stepfamily in which children of the mother or father were living in the household.

Given these results, the question of being able to distinguish whether the stability or instability of families is more related to the type of union than to the composition of the household is of great interest. Does opting for a common-law union rather than marriage increase the risk of break-up beyond family composition? Do couples in stepfamilies, namely those with children from previous unions living in the household, present a greater risk of breakup than couples in intact families, irrespective of the type of union chosen? In a context where both phenomena are developing at an accelerated pace, the answer is becoming more and more relevant for Québec children.

6. Born Outside a Union, But with the Father in the Picture

To complete this brief portrait of characteristics of the infants' family histories, it would be appropriate to take another look at the infants whose parents were not living together at the time of the birth. In virtually all cases, the infants were in the custody of their mother. An unexpected finding from the ÉLDEQ 1998 data was that a rather large proportion of fathers, though officially designated as "absent" from the family when the child was born, were present in one way or another in his/her life.

First, as indicated in Table 6.1, 45% of the infants born outside of a union were in fact born to parents who had lived together before the birth. The data also revealed that, even if the parents had not been living together at the time of the birth, in 58% of cases they maintained an ongoing relationship. Furthermore, 60% of these children had the advantage of having the name of their father registered on their birth certificate.

Perhaps an even more significant fact is that not all of these infants were being deprived of a paternal presence, since 48% of them had the benefit of regular contact with their father at the time of their birth. Only 29% of the infants born outside a union had had no contact with their father at the time of their birth (data not shown), putting them in the category of children born into a family where the father was totally absent. However, they comprised only a tiny fraction (2.4%) of all the infants, the vast majority having had contact with their father at the very beginning of their lives, even if only on an irregular basis (data not shown).

Does the frequency of contact with the absent father vary according to particular characteristics? This question remains to be explored. However, Table 6.1 shows that fathers whose name appeared on the birth certificate were more likely (70%) to see their infant regularly, as were those who maintained an ongoing relationship with the mother (73%) at the time of birth. In contrast, having lived together before the birth of the child did not seem to be a predictor of the presence of the father in the child's life.

Table 6.1
Nature of Contact with the Other Parent for Infants Born Outside a Union, by Three Characteristics Related to the Birth of the Baby, 1998

	Nature of contact with the absent parent			n	%
	Regular contact	Irregular or no contact	Total		
	%				
Parents had lived together before the birth:					
Yes	45.9	54.1	100.0	84	44.9
No	49.4	50.6	100.0	103	55.1
Parents had an ongoing relationship at the birth					
Yes	73.1	26.9*	100.0	108	57.9
No	13.0**	87.0	100.0	79	42.1
Name of the father appears on the birth certificate[1]:					
Yes	70.0	30.0*	100.0	111	60.2
No	15.5**	84.5	100.0	74	39.8
Total of births outside a union	**47.9**	**52.1**	**100.0**	**187**	**100.0**

1. Excluding two cases for which there was no data.

* Coefficient of variation (CV) between 15% and 25%; interpret with caution.

**Coefficient of variation (CV) higher than 25%, imprecise estimate for descriptive purposes only.

Source : *Institut de la statistique du Québec, ÉLDEQ 1998-2002.*

7. "Conclusion" - An Ongoing Story

The infants were only 5 months old in Year 1 of ÉLDEQ 1998-2002, but the data have already indicated factors in the conjugal history of their parents that may predict a family path that is neither uniform nor without repercussions.[10] The bewildering variety and pace of change affecting family life in Québec in the last 30 years makes predicting future developments a challenging task. At the very least, it seems likely that Québec children, the majority of whom are being born to unmarried parents, and who find themselves thrust into family trajectories that are often already complicated, will experience changes in their family environment in growing numbers and at an increasingly younger age. In this context, it is incumbent upon researchers to try to understand what motivates couples to choose common-law unions. Interventions designed to address and prevent situations that are too harmful for children can be better targeted. In addition, being able to precisely document transitions in the children's family life as they occur will give researchers, practitioners, and decision-makers unique tools for establishing associations between family history and child development, which studies to date have not provided with much precision and reliability. The quality of findings will be all the better for including ÉLDEQ data on intermediary variables, such as the level of conflict between the parents or the loss of contact between fathers and their children, variables that the literature is increasingly identifying as being truly responsible for the negative effects certain family environments have on child development.

10. To illustrate this, 35 ÉLDEQ infants had already seen their parents separate since the time of their birth; in 27 cases, their parents had been living in a common-law union, in 5 they had been married and had lived together prior to the marriage, and in only 3 they had been married without having previously lived together.

Conjugal Life of the Parents

Part II
Spousal/Partner Support

1. Introduction

The arrival of a child, and even moreso, becoming a first-time parent, constitute key stages in an individual's life. They also represent critical passages in the life of couples. Taking care of a newborn implies the mobilization of significant physical and psychological resources on the part of parents. Many studies reveal an important change in the couple's relationship in the first few months, and indeed the first few years following the arrival of a new child in the household (Belsky & Rovine, 1990; Cowan *et al.*, 1985; Provost & Tremblay, 1991). Transition to parenthood can result in a decrease in intimity and reinforce the division of labour based on sex, mothers assuming the larger proportion of responsibilities on the domestic front (Cowan & Cowan, 1992; Gloger-Tippelt & Huerkamp, 1998; Wicki, 1999).

In spite of the progress made in the division of parental and domestic responsibilities, much research indicates that the circumstances of family life, such as the presence of young children, continue to have a more significant effect on the time of mothers than that of fathers (Descarries *et al.*, 1995). These studies reveal that the majority of mothers are still primarily responsible for caregiving and child-rearing, particularly in early childhood. In spite of certain variations related to socioeconomic status, most fathers of infants and toddlers have little tendency to take charge, on their own initiative, of the caregiving and upbringing associated with their children. Their contribution to family responsibilities, particularly in a child's first year of life, is most often manifested in satisfying and enriching activities in affective terms such as playing games with the child, and to a lesser degree, basic care for the child, followed by household chores far down the list (Jones, 1985; Marsiglio, 1991; for a review see Dulac, 1993).

Moreover, for sociocultural, organizational, economic (opportunity costs), practical reasons (breast feeding) or simply by choice, in the vast majority of cases it is still the mothers in Québec who stay at home to take care of the newborn or take advantage of parental leave available to both parents (Moisan, 1997). The data of Year 1 of ÉLDEQ revealed that 87% of fathers/partners versus only 17% of mothers were working approximately 5 months after the birth of the infant. To the question: "What do you consider your (his/her) main activity at the present time?," "caring for the family" was the response given for 6% of fathers/partners (vs 85% of mothers) (see No. 2 in the present series of papers).

Since they assume the larger proportion of parenting and domestic tasks, the support provided to mothers by their spouse/partner during the postnatal period is of crucial importance. The spouse/partner's emotional and instrumental support seems to contribute to the mother's adjustment (Cutrona, 1984; Kumar & Robson, 1984) and have important effects both on the parent/child relationship (Gloger-Tippelt & Huerkamp, 1998) and many aspects of child development (Arendell, n.d.). For example, a number of studies suggest that mothers show more positive affect when the fathers contribute to doing household chores and caring for the baby (Levitt *et al.*, 1986). Maternal behaviours such as anger, rejection and punitive control are less frequent among mothers who are satisfied with their spouse/partner's emotional support (Crockenberg, 1987). Sharing in infant caregiving on the part of fathers may not only be beneficial for mothers and the mother/child relationship. Some studies indicate that it fosters a better father/child relationship, and thereby positively influences the cognitive and social development of the child (Arendell, n.d.). Though certain studies show that both instrumental and emotional support appear to be associated with mothers' adjustment or the quality of the couple's relationship (Cowan & Cowan, 1992), emotional support stands out as determinant in this regard (Dulac, 1993; Levitt *et al.*, 1986).

What do the mothers themselves think? How do Québec mothers perceive the support given by their spouse/partner during the first few months of the life of their child? This paper aims to shed light on the answers to these questions by presenting a portrait of conjugal support,[1] both instrumental and emotional, as perceived by mothers of 5-month-old infants who participated in Year 1 of ÉLDEQ 1998-2002. Various variables reflecting family composition (*e.g.*, siblings, family structure, type of union),

1. Since half the couples in this survey were living in common-law unions, the word "conjugal" has been used instead of the word "marital" as an adjective to describe various attributes of a couple's relationship, except when referring to other studies in which "marital" was specifically used by the authors.

sociodemographic and socioeconomic characteristics of the parents (*e.g.*, father's age, mother's employment status), lifestyle habits and characteristics of the infant (*e.g.*, temperament, health status) and parents (*e.g.*, depression status) will be analyzed.

Some of these variables have been previously identified as factors associated with the division of household labour in more heterogeneous populations such as couples both with and without children. Others have been examined specifically as they relate to couple satisfaction and the degree of perceived conjugal support (Wicki, 1999). In these studies, the support provided by the spouse/partner was most often considered a variable that mediated the association between the individual resources of the parents (level of psychological well-being) and parenting outcomes. This is why the latter aspect is the focus of this paper. The goal is to examine to what degree the perception of the support given by the father/partner was associated with family relationships when the infant was 5 months old. Because of their important effect on child development, self-reported parenting perceptions and behaviours will be examined as they relate to the degree of perceived support. Along with the longitudinal data, these analyses should open the door to a better understanding of the links among conjugal and family dynamics and child development in Québec.

The data were based on a representative sample of Québec 5-month-old infants (singleton births only).[2] Only infants in two-parent families (91% of infants), in virtually all cases living with their biological parents, were retained for this analysis. The information was derived from various questionnaires used in Year 1 of ÉLDEQ 1998-2002. Data on conjugal support and the mother/child relationship were derived from the Self-Administered Questionnaire for the Mother (SAQM), while other information on the infant, parents and family context was derived from the Computerized Questionnaire Completed by the Interviewer (CQCI), the Paper Questionnaire Completed by the Interviewer (PQCI) and the Self-Administered Questionnaire for the Father (SAQF). One of the advantages of this study was that information was gathered from fathers on numerous aspects such as the father/child relationship, his psychological well-being, perception of the infant's temperament, etc. Directly addressing the fathers was a great means of circumventing the pitfalls of research based only on the perceptions of the mother or a third party.

2. For more details on the target population, see the Review of the Methodology at the beginning of Part I of this paper.

2. Measuring Conjugal Support in ÉLDEQ

The degree of conjugal (spousal/partner) support was assessed by 5 questions exploring its various elements. For each statement, the mother responded on a 11-point Likert-type scale (0 = Not at all to 10 = Totally) according to how she rated the degree of support given by her spouse/partner with regards to instrumental support (caring for the baby and household chores), emotional support ("To what extent do you feel supported by your current spouse/partner when you feel overwhelmed?" and "To what extent do you feel supported by your current spouse/partner when you feel sad?") and overall support ("Overall, to what extent do you feel supported by your current spouse/partner?").

Focused on the mothers' perceptions, the measures of instrumental support do not provide a true portrait of the spouse/partner's involvement with their baby such as diaper changing, bathing, or feeding. The needs and expectations of the mothers could have varied with certain sociocultural characteristics and therefore their perceptions are not an accurate reflection of the fathers' true participation in infant caregiving. For example, it can be surmised that some mothers, whose spouse/partner provides little help with housework, are more easily accustomed to the unequal division of labour and state they are satisfied with the support received and vice versa (see further below).

In this regard, studies on the evolution of the spousal relationship during the transition to parenthood reveal that it is not so much the arrival of the baby *per se* or the unequal distribution of labour *in itself* that becomes an issue in this process, but rather the fulfillment of the expectations held by each spouse/partner vis-a-vis their (new) role (Hackel & Ruble, 1992). However, it should be noted that the actual division of household labour and childcare will be documented in the coming years of this longitudinal study, when the children in this cohort are 17 months of age, and when a larger proportion of mothers will enter or return to the workforce.

In Year 1 of ÉLDEQ, between 1,919 and 1,925 mothers in two-parent families responded to the questions on spousal/partner support.[3] Virtually all mothers were living with the biological father at the time of the survey in a marital or common-law union; only eight mothers were in a relationship with a partner other than the biological father.

3. Since the questions on conjugal support were only addressed to mothers living with a spouse/partner, single-parent mothers (9%) were not included in this analysis. However, questions on social support (family and friends), sharing housework (for example, help received by family members) and the relationship with a non-cohabiting spouse will be addressed to mothers not living with a spouse or partner in subsequent years of ÉLDEQ.

3. The Mother's Assessment of Conjugal Support

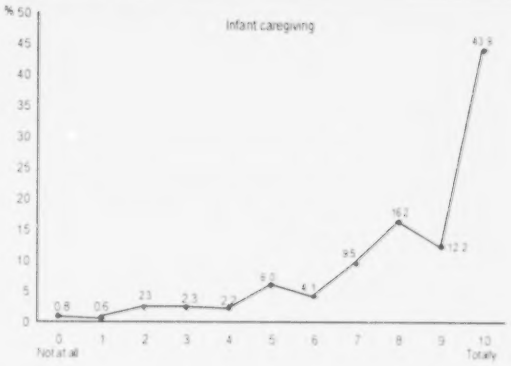
The means obtained for each question and the correlations among the five items of support are presented in Table 3.1. As indicated, the mothers had a generally favourable perception of their spouse/partner's support. These data agree in part with the results of studies on the course of marital satisfaction during the transition to parenthood. The studies indicate that in spite of a reduction in marital satisfaction after the arrival of a (new) child, the majority of couples report they are still satisfied with their relationship (for a review, see Wicki, 1999). As shown in Figure 3.1, it is in the area of domestic tasks that the mothers seem to be less satisfied. While approximately 45% of the mothers said they were definitely supported overall, or specifically with regards to caring for the baby or in times when they felt overwhelmed or sad, only 27% said they received similar support for household chores.

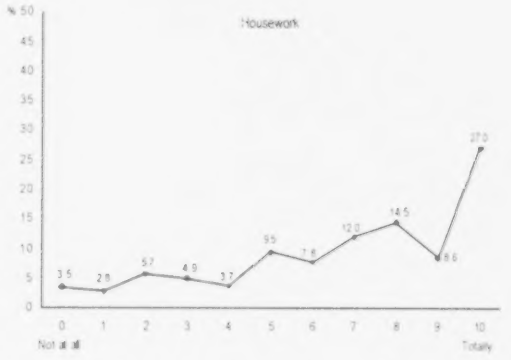
Table 3.1
Correlations Among Items of Conjugal Support (Perception of the Mother) and Mean Score by Item, 1998

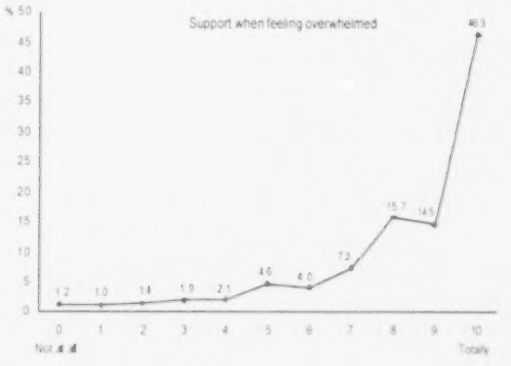
	Infant caregiving	Housework	Support when feeling overwhelmed	Support when feeling sad	Overall support
			r		
Infant caregiving	--	0.61	0.59	0.50	0.70
Housework		--	0.50	0.43	0.57
Support when feeling overwhelmed			--	0.74	0.76
Support when feeling sad				--	0.78
Overall support					--
Mean score	**8.2**	**6.9**	**8.4**	**8.4**	**8.6**

Source: *Institut de la statistique du Québec, ÉLDEQ 1998-2002.*

Figure 3.1
Distribution of Mothers by Perceived Conjugal Support, for Various Types of Support, 1998







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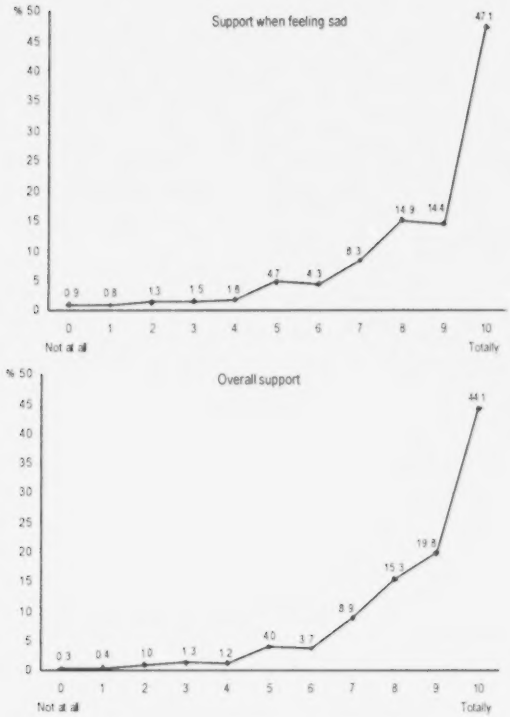


Source: *Institut de la statistique du Québec, ÉLDEQ 1998-2002.*

Although the correlations observed among the support dimensions were in general very strong, some in particular stand out. The mother's rating of overall support from her spouse seemed to be more strongly associated with emotional support than with the instrumental help perceived. For example, the correlation between overall support and the items of emotional support (times of sadness and feeling overwhelmed) was nearly 0.8. In comparison, the correlation between support in times of feeling sad or overwhelmed and that received for household chores was more modest (0.43).

To conduct the analysis of the factors associated with conjugal support, overall support and items related to support when feeling sad or overwhelmed were grouped into a single sub-scale of emotional support.[4] Moreover, since it appeared important to distinguish the factors associated with housework from those associated with caring for the child (Wicki, 1999), these two items of instrumental support were examined separately. Therefore, three types of conjugal support were analyzed - 1) caring for the baby, 2) household chores, and 3) emotional support.

For heuristic and statistical reasons such as non-normality of the data, the results of the three types of support were divided into two categories - mothers in the 20% of families who obtained the lowest scores for each type (lowest quintile) were put into one category and compared to those who benefited from stronger conjugal support.[5] This classification is based on studies revealing that the rate of marital dissatisfaction varies around 20% (see Cummings & Davies, 1998; Wicki, 1999). It is important, however, to keep in mind that this differentiation or demarcation could not identify the couples who were experiencing difficulties in their relationship, nor should it be considered a measure of conjugal distress.[6]

As in the measurement of conjugal support, most of the variables examined in relation to the perception of the mothers were set up in dichotomous or polydichotomous form (categorical variables). There were many reasons for this choice. First, it seemed in light of studies conducted on the subject, that many factors examined such as age and education showed threshold effects (for example, the least educated compared to the most educated). It is noteworthy that in this analysis the distribution of variables related to symptoms of depression in the parents, family functioning and positive parenting practices showed strong asymmetry towards the positive pole (data not shown). For these reasons, we decided to group the data of the continuous variables in each scale into categories reflecting either the presence or absence of the phenomenon being examined.

4. The Cronbach alpha for this sub-scale was 0.90. The value retained was the mean of the three items comprising it.

5. It should be noted that this cut-off point was nearly a standard deviation below the mean for each type of support retained.

6. Year 3 of this study (2000) will provide a more in-depth understanding of this. Conjugal dynamics, particularly problems therein, are being examined in both mothers and fathers/spouses when the children are 2 1/2 years of age.

For example, with respect to symptoms of depression, parents with a score of 13 or more on the abridged version of the Centre for Epidemiological Studies Depression Scale (CES-D) used in ÉLDEQ were grouped together and compared to parents with a score of 12 or less. A score of 13 or more on this scale indicates a person is suffering from moderate to severe depression (Landy & Tam, 1996). The 1998 ÉLDEQ data showed that 10% of mothers in two-parent families were suffering from depression, compared to 4% of the fathers (data not shown).

With regards to the family functioning scale, the clinical threshold set by researchers at the Chedoke-McMaster Hospital in Hamilton (Ontario) was retained to distinguish functional families (scores between 0 and 14) from dysfunctional ones (scores of 15 or more), namely those that may need clinical assistance (Ross *et al.*, 1996). A dysfunctional family was defined as one in which the members have difficulty resolving problems, communicating, controlling their antisocial behaviours and in showing and receiving signs of affection (Landy & Tam, 1996). Wicki (1999) considers the level of cohesion/conflict present in a family and spousal/partner support as reflecting "family resources." According to the criterion chosen, the ÉLDEQ 1998 data showed that 94% of two-parent Québec families could be designated as functional, only 6% as dysfunctional.

To examine the associations between spousal support perceived by the mother and parenting practices and behaviours, two instruments were used - the positive parenting practice scale derived from the Parent Practices Scale designed by Stayhorn and Weidman (also used in the NLSCY), and the Parental Perceptions and Behaviours Scale Regarding the Infant (PPBS), specifically created for ÉLDEQ (see No. 10, Part I in this series of analytical papers).

Similar to Landy & Tam (1996), the median was used as the dividing line to distinguish infants benefiting from positive parenting practices from those whose parents had a lower score on the scale of positive interactions.

With regards to the Parental Perceptions and Behaviours Scale Regarding the Infant (PPBS), mothers and fathers in the lowest quintile of each dimension were grouped together and compared to other parents in relation to perceived support.

PPBS was created to evaluate certain cognitive and behavioural dimensions judged relevant for the study of early childhood development (*e.g.*, externalized and internalized problems). It comprises six dimensions reflecting the quality of the mother's and father's involvement with the infant.[7]

Comparisons between the two categories of families, low support versus high support, were conducted using the chi-square test.

7. Three dimensions of this scale refer to behaviours the parent reported regarding affection, coercion and overprotection. Two other dimensions refer to the mother's or father's beliefs about their role as parent - self-efficacy, and perception of impact. A final dimension covered the parents' perception of the physical attractiveness and cognitive abilities of the child. For reasons explained in Number 10 of this series of papers, "parental affection" on the PPBS was not retained in this analysis.

4. Factors Associated with the Mother's Rating of Spousal/Partner Support

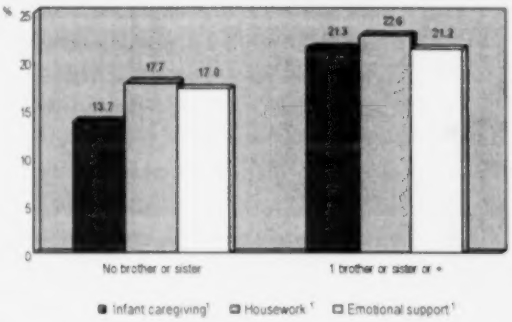
4.1 Age of the Parents and Family Composition

The first objective was to determine whether young couples (parents under 25 years of age) differed from older ones in terms of perceived conjugal support. A difference might suggest, for example, that young parents negotiate the division of labour in another way. The data revealed no significant difference associated with age groups of the parents, mothers or fathers. Given the relative homogeneity of the study population in terms of age (70% of fathers in intact two-parent families were under 35 years of age and only 9% 40 or over), the absence of a generation gap was not in itself very surprising.

Was the type of union associated with perceived conjugal support? It has been shown that couples who choose common-law unions instead of marriage negotiate the division of household labour in a more egalitarian fashion (Le Bourdais & Sauriol, 1998; Shelton & John, 1993). Mothers in common-law unions seem to report more satisfaction with the instrumental support received from their spouse/partner. Data from Year 1 of ÉLDEQ show that being in a common-law or married union with the current spouse was not significantly associated with the perception of instrumental or emotional support, whatever the family structure - intact two-parent or stepfamily (data not shown).

Family composition seemed, however, to be associated with the degree of support perceived. As shown in Figure 4.1, regardless of the type of support, mothers of infants with brothers of sisters generally had a less favourable perception of the support of their spouse/partner than mothers of firstborns. There were no differences in this perception according to whether the infants were the second and third or more in birth order (data not shown). The distinction therefore concerned "new" mothers compared to "experienced" ones. The difference was stronger in terms of caregiving; 21% of mothers rearing other children reported receiving a low level of support, whereas only 14% of first-time mothers reported this. In terms of household chores, 23% of mothers with more than one child reported low support versus 18% of those with an only child. The percentages for emotional support were 21% for the former and 17% for the latter.

Figure 4.1
Proportion of Mothers Reporting a Low Level of Conjugal Support, by Type of Support and Number of Brothers or Sisters of the Infant, 1998



1. $p < 0.05$.

Source : Institut de la statistique du Québec, *ÉLDEQ 1998-2002*.

Virtually all the stepfamilies had, in addition to the infant, at least one child from a previous union of one of the spouses.[8] Consequently, the association between the infant having brothers and sisters and perceived spousal support could be attributed to family structure. The results of previous studies indicate, however, that the level of conjugal satisfaction reported by Québec parents show no differences between intact two-parent families and stepfamilies (Bernier *et al.*, 1994). The analysis of the 1998 ÉLDEQ data also revealed that "experienced" mothers in intact families, namely those raising more than one child, were no different from mothers in stepfamilies in terms of perceived instrumental support or emotional support. In contrast, the difference observed in terms of birth order remained when only intact two-parent families were retained in the analysis, irrespective of the type of support (data not shown).

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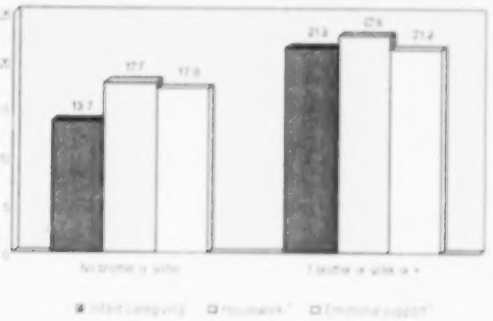

1 $p < 0.05$

Source: Institut de la statistique du Québec, *ÉLDEQ 1998-2002*.

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8. The only exceptions were the few mothers who were living with only their 5-month-old and a new spouse/partner.

The question of caregiving examined only the target infant at approximately 5 months of age. It is possible that some fathers helped the mother indirectly by taking care of the older children. However, we can assume that certain mothers took this into account in their response to the question: "To what extent do you feel supported by your current spouse/partner in baby caregiving?" In fact, the "experienced" mothers' perception of a lower level of instrumental support is in line with various studies conducted on the division of family and household responsibilities. These reveal that the contribution of fathers to domestics tasks such as caring for the children and housework tends to decrease as the family grows (Villeneuve-Gokap, 1985).

It is interesting to note that this difference was also observed in the affective dimension of the relationship. Is this attributable to the fact that the parents of a second child or more have lived as a couple longer than first-time parents and that their relationship is therefore more tarnished by the ups and downs and humdrum of everyday life? Conversely, do the spouses/partners of "inexperienced" mothers empathize with their lack of experience? Are they more available or simply more motivated because of the novelty of the role thrust upon them? The latter is what other analyses conducted in this study suggest. They show that fathers of an only child perceived themselves as more effective and ascribed more physical and cognitive qualities to the infant than those who had more than one child (see No. 10 in this series of papers).

4.2 Socioeconomic Characteristics of the Family

Many studies suggest that lower socioeconomic status contributes to the maintenance of traditional paternal practices and is associated with less fathers' involvement in childrearing (Aisha Ray & McLoyd, 1986; Beaulieu, 1997). Women with lower socioeconomic status may have a tendency to consider the main role of the father as being the provider of the material needs of the family (Colin *et al.*, 1992). They may be more inclined to preserve their power as mother and be the only one to carry the responsibility of caring for the baby and performing the tasks that follow the arrival of a newborn (Lévesque *et al.*, 1997). From this point of view, both the division of labour and the expectations of the couple may likely vary with socioeconomic status. However, other studies indicate that sharing the domestic workload is only marginally influenced by the socioeconomic status of each parent. They suggest that each individual's educational level or employment habits have little effect on the division of labour in the couple. The relative importance of the occupational status of the woman compared to that of her spouse/partner may prove to be significantly more determinant in terms of the division of household labour. Women with a higher employment status than that of their spouse seem to have greater negotiating power in the couple, meaning the division of labour is more equitable (Glaude & de Singly, 1986; Maret & Finlay, 1984), though in some couples, this creates tension and anxiety in the new father (Wicki, 1999).

The 1998 ÉLDEQ data provide a means of exploring the associations between socioeconomic characteristics of the parents and the instrumental support received by the mother. The data are not a measure of the parent's real use of time. Nevertheless, they make it possible to paint a portrait of the expectations of and demands on mothers in terms of sharing family responsibilities.

The proportion of mothers who reported low conjugal support related to certain socioeconomic variables is presented in Table 4.1. Some significant differences were observed. Mothers who were not working when the infant was 5 months old were more likely to report low support from their spouse/partner with regards to caring for the baby than those working (19% vs. 14%). A more complex association was observed between perceived support in infant caregiving and educational level of the father. Mothers whose spouse/partner had a high school diploma or the highest educational level measured were more satisfied with support in infant caregiving than other mothers. Moreover, only 20% of mothers in dual-earner families (both parents having worked in the year preceding the survey) rated support in household chores unfavourably compared to 25% of mothers in families with a single income.

Table 4.1

Proportion of Mothers Reporting a Low Level of Conjugal Support by Certain Socioeconomic Variables and Type of Support, 1998

	Infant caregiving	Housework	Emotional support
	%		
Employment status at time of survey			
Working	13.5†	16.8	17.5
Unemployed	18.9	21.3	19.7
Number of parents who had worked in the 12 months preceding the survey			
2 parents	17.5	19.9†	18.9
1 parent	19.8	24.7†	21.3
No parent	20.6**	– [1]	13.5**
Educational level of the father			
No high school diploma	21.0†	22.5	21.7†
High school diploma	13.5*	24.5	26.0
Partial post-secondary studies or vocational/ technical diploma	20.6	19.7	19.3
College (Junior) diploma or university degree	15.9	18.7	15.9

Note : † indicates $p < 0.05$.

1. Datum not shown because of small numbers.

* Coefficient of variation (CV) between 15% and 25%; interpret with caution.

** Coefficient of variation (CV) higher than 25%; imprecise estimate for descriptive purposes only.

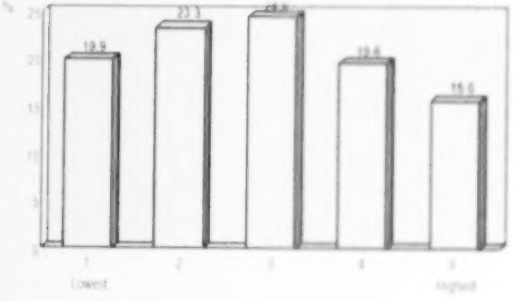
Source: *Institut de la statistique du Québec, ÉLDEQ 1998-2002.*

At first glance, these results may reflect greater sharing of domestic tasks on the part of the spouses of working mothers. However, they could also mean that double-income couples use external help more frequently. Studies on the time management of spouses indicate that the mother's employment status has little effect on the division of labour in the couple. The fact that the mother works may actually mean a reduction in the overall domestic workload because outside help is used for baby-sitting or doing housework, or that the focus changes to doing just essential tasks (Le Bourdais *et al.*, 1987). The ÉLDEQ 1998 data revealed that the employment status of the father was also not associated with perceived instrumental support (data not shown). Marsiglio (1991) reports that unemployed fathers do not invest more time in domestic tasks then working fathers. Furthermore, in contrast to unemployed mothers, unemployed fathers do not devote equivalent time to domestic tasks (Marsiglio, 1991). However, the ÉLDEQ results seem to contradict those of other studies. Some show that unemployment makes fathers less adept at adequately fulfilling their role as a spouse and contributing to the workload involved with the arrival of a new family member (Lévesque *et al.*, 1997). Others show that, especially in young couples, paternal unemployment leads to a more equitable division of labour (Barrère-Maurisson & Battagliola-Bedos, 1984).

The data in Figure 4.2 show the association between socioeconomic status of the household (a measure combining education, occupational prestige and income of both parents) and perceived support for household chores. Mothers in the highest quintile of socioeconomic status were more satisfied with the support of their spouse/partner in this regard than those in the mid-quintiles. No significant difference was observed, however, in terms of baby caregiving (data not shown). Educational level of the mother, household income, occupational category of the parents, number of hours worked in the main job during the 12 months preceding the survey (mother or father), each taken alone, were not associated with the level of perceived instrumental support (data not shown). These results demonstrate that it may be of interest to take into account the characteristics of both parents simultaneously, namely family strategies as a whole, when trying to understand how tasks are negotiated in a couple (Barrère-Maurisson & Battagliola-Bedos, 1984).

Figure 4.2

Proportion of Mothers Reporting a Low Level of Conjugal Support for Housework, by Quintile of Socioeconomic Status, 1998[1]



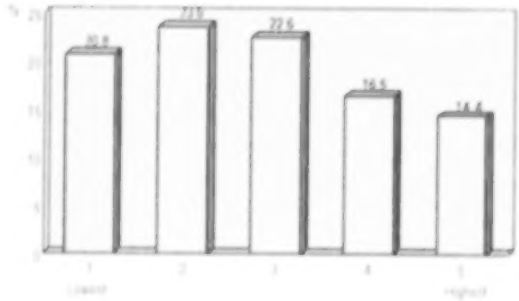
1. $p < 0.05$ for quintiles 2,3 vs. 5

Source: *Institut de la statistique du Québec, ELDEQ 1998-2002*

The perception of support in times of feeling sad or overwhelmed was also associated with social status. Rather than the employment status of the mother, characteristics of the father such as educational level seemed to be at work. Mothers whose spouse/partner was less educated (high school diploma or less) reported they were less satisfied with support than those whose spouse/partner had a college (junior) diploma or university degree. Approximately a quarter (22% to 26%) of the former received less support at difficult times compared to 16% whose spouses were more educated (Table 4.1). Being more involved in parental tasks (as indicated above), more educated fathers were also more inclined, according to their spouse/partner, to provide support when the mother was feeling sad or overwhelmed. However, as shown in Figure 4.3, the association between socioeconomic status of the parents and the degree of perceived emotional support did not seem polarized, with one end of the scale showing the lowest percentage of dissatisfied mothers and the other the highest. These data confirm the trend observed previously with regards to the father's educational level. Mothers in the highest quintile of socioeconomic status were less likely to report dissatisfaction with the support received from their spouse than mothers in the middle or lower quintiles.

Figure 4.3

Proportion of Mothers Reporting a Low Level of Emotional Support on the Part of their Spouse/Partner, by Quintile of Socioeconomic Status, 1998[1]



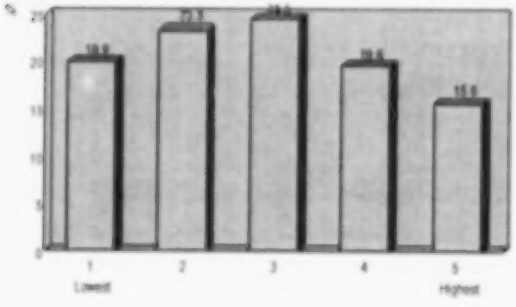
1. $p < 0.05$ for quintiles 1, 2,3 vs. 5 and quintiles 2,3 vs. 4

Source: *Institut de la statistique du Québec, ELDEQ 1998-2002*

4.3 Infant Characteristics and Parents' Health

The three categories of perceived conjugal support in association with certain health characteristics of the infant and parents are presented in Table 4.2. Other characteristics such as sex, sleeping through the night, feeding method (1 in 3 were being breast fed at 5 months), prematurity, low birth weight or difficult temperament in the infant as perceived by mother or father (see No. 7 in this series) were not associated with the mother's perception of conjugal support (data not shown). The temperament result is similar to that indicated in a study by Gloger-Tippelt & Huerkamp (1998), in which no significant association was observed between the perception of a difficult temperament in the infant by the parents and the level of couple satisfaction they reported. As indicated in Table 4.2, the ELDEQ data revealed that the mother's perception of the emotional support of the spouse was strongly associated with the health status of the infant - 26% of mothers whose infant was not in good health 'almost all the time' in the 12 months preceding the survey reported a low level of support versus 19% of mothers with a baby in good health. However, the health status of the infant was not related to the mother's perception of instrumental support (caring for the baby and housework).

Figure 4.2
Proportion of Mothers Reporting a Low Level of Conjugal Support for Housework, by Quintile of Socioeconomic Status, 1998[1]

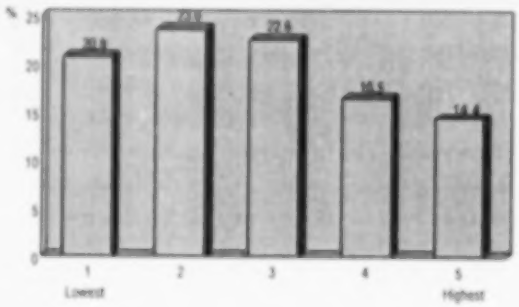


1. $p < 0.05$ for quintiles 2,3 vs. 5.

Source: *Institut de la statistique du Québec, ÉLDEQ 1998-2002.*

The perception of support in times of feeling sad or overwhelmed was also associated with social status. Rather than the employment status of the mother, characteristics of the father such as educational level seemed to be at work. Mothers whose spouse/partner was less educated (high school diploma or less) reported they were less satisfied with support than those whose spouse/partner had a college (junior) diploma or university degree. Approximately a quarter (22% to 26%) of the former received less support at difficult times compared to 16% whose spouses were more educated (Table 4.1). Being more involved in parental tasks (as indicated above), more educated fathers were also more inclined, according to their spouse/partner, to provide support when the mother was feeling sad or overwhelmed. However, as shown in Figure 4.3, the association between socioeconomic status of the parents and the degree of perceived emotional support did not seem polarized, with one end of the scale showing the lowest percentage of dissatisfied mothers and the other the highest. These data confirm the trend observed previously with regards to the father's educational level. Mothers in the highest quintile of socioeconomic status were less likely to report dissatisfaction with the support received from their spouse than mothers in the middle or lower quintiles.

Figure 4.3
Proportion of Mothers Reporting a Low Level of Emotional Support on the Part of their Spouse/Partner, by Quintile of Socioeconomic Status, 1998[1]



1. $p < 0.05$ for quintiles 1, 2,3 vs. 5 and quintiles 2,3 vs. 4.

Source : *Institut de la statistique du Québec, ÉLDEQ 1998-2002.*

4.3 Infant Characteristics and Parents' Health

The three categories of perceived conjugal support in association with certain health characteristics of the infant and parents are presented in Table 4.2. Other characteristics such as sex, sleeping through the night, feeding method (1 in 3 were being breast fed at 5 months), prematurity, low birth weight, or difficult temperament in the infant as perceived by mother or father (see No. 7 in this series) were not associated with the mother's perception of conjugal support (data not shown). The temperament result is similar to that indicated in a study by Gloger-Tippelt & Huerkamp (1998), in which no significant association was observed between the perception of a difficult temperament in the infant by the parents and the level of couple satisfaction they reported. As indicated in Table 4.2, the ÉLDEQ data revealed that the mother's perception of the emotional support of the spouse was strongly associated with the health status of the infant - 26% of mothers whose infant was not in good health "almost all the time" in the 12 months preceding the survey reported a low level of support versus 19% of mothers with a baby in good health. However, the health status of the infant was not related to the mother's perception of instrumental support (caring for the baby and housework).

Table 4.2
Proportion of Mothers Reporting a Low Level of Conjugal Support by Type of Support and Certain Health Characteristics of the Infant and Parents, 1998

	Infant caregiving	Housework	Emotional support
	%		
In the 12 months preceding the survey, the infant was in good health...			
Almost all the time	17.9	20.0	18.6†
Other[1]	20.2	25.2	25.8
General health status (mother)			
Excellent or very good	16.8†	20.2	17.7†
Good, fair or poor	23.4	22.0	25.5
Depression status (mother)			
Yes	34.3†	34.3†	43.2†
No	16.5	19.0	16.8
General health status (father/partner)			
Excellent or very good	16.0†	19.0†	17.3†
Good, fair or poor	27.2	27.0	27.6
Depression status (father/partner)			
Yes	31.8°*	25.2*	36.0°*
No	17.1	19.8	18.7

Note : † indicates $p < 0.05$.

1. Comprises the categories "Often," "About half the time," "Sometimes," "Almost never."

° Coefficient of variation (CV) between 15% and 25%; interpret with caution.

Source : *Institut de la statistique du Québec, ÉLDEQ 1998-2002.*

As seen in Table 4.2, the health status of the parents was also associated with perceived conjugal support. Mothers not presenting optimum health (excellent or very good) felt they were receiving less support from their spouse, both on an emotional level and in terms of caring for the baby. A similar association was observed with depression status of the mother. Irrespective of the type of support, a higher proportion of depressed mothers reported a low level of support from their spouse. With regards to infant caregiving, twice as many "depressed" mothers perceived a lower level of support from their spouse/partner (34% vs. 17%). The difference was slightly less with regards to housework (34% vs. 19%).

In addition, 43% of "depressed" mothers indicated receiving low emotional support compared to 17% of non-depressed mothers.

There may be indeed a link between the health status of a baby and the psychological well-being of the mother. Mothers whose child presents certain health problems may feel that they carry the burden alone - they may feel anxious and worried, and perceive their concerns are not shared by their spouse. Many studies have revealed the pivotal role mothers play when health problems afflict family members, particularly children (time off from work, arranging appointments, etc.) (Beaupré, 1990; Descarries *et al.*, 1995). The ÉLDEQ 1998 data revealed that depression in the mother, but not in the father, was ignificantly associated with the health status of the baby (data not shown).

These results raise certain questions. Is the mother's rating of the support she receives strongly affected by her degree of psychological well-being, or is it the lack of support that leads to her being depressed? Recent studies, both cross-sectional and longitudinal, seem to support the second hypothesis (Berthiaume *et al.*, 1996; for a review of U.S. studies, see Wicki, 1999).

The lower part of Table 4.2 sheds light on this question. The mother's perception of support was strongly linked to the health profile of the spouse/partner. For all three types of support, mothers whose spouse's health status was reported as "good," "fair" or "poor," had a less favourable perception of the support she was receiving, 27% versus 19% or less in cases where the spouse's health status was "excellent" or "very good." With regard to baby caregiving and emotional support, the differences were even more marked according to the depression status of the father/partner. For example, 36% of mothers whose spouse considered himself depressed (according to symptoms elicited by the CES-D on the Self-Administered Questionnaire for the Father) perceived themselves as receiving low support in times when they felt sad or overwhelmed, versus 19% whose spouse/partner was not "depressed." In terms of caring for the baby, these proportions were 32% versus 17% respectively. However, there was no association between the psychological well-being of the father

and the mother's rating of support received for household chores.

These data indicate that the mother's perception of the spouse's caregiving and emotional support cannot be considered simply a reflection of her own affective status. The physical and psychological resources of the father/partner may influence his capacity to provide the support needed during the postnatal period. Indeed, studies reveal a link between certain psychological traits of the father such as empathy, capacity to listen, and self esteem, and his involvement with his children. These two factors are also strongly associated with the quality of the couple's relationship (for a review, see Arendell, n.d.). Though the analyses do not indicate the mechanisms at work, it is possible that the link is in part circular, the experiences of each partner being intimately intertwined (Gloger-Tippelt & Huerkamp, 1998). The ÉLDEQ data showed a significant association between the psychological well-being of the mother and that of the father (data not shown).

4.4 Perceived Conjugal Support and Family Relationships

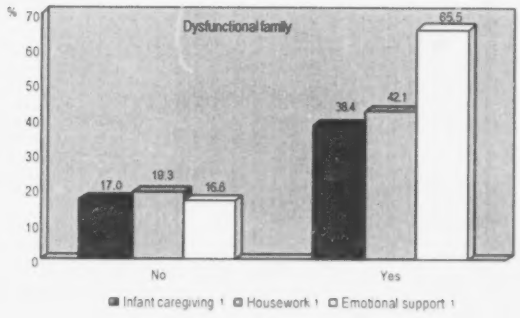
In general, conjugal support and the quality of the couple's relationship are an important aspect of family life. Certain studies demonstrate a significant association between satisfaction with the division of household labour and childcare and the quality of parental partnership (Hackel & Ruble, 1992) on the one hand, and family functioning (*e.g.* degree of conflict) on the other. The latter two aspects are strongly associated with the quality of the mother/child relationship (Wicki, 1999). Emotional support given by the partner, particularly signs of affection and a low level of conflict, may provide the mother with the psychological resources to appropriately respond to the needs of the newborn and contribute to the security of the infant-mother attachment (Gloger-Tippelt & Huerkamp, 1998), an important determinant of the cognitive and social development of the child. Moreover, these mothers will feel more effective and will generally be more satisfied with their maternal role (Andersen & Tellen, 1992).

The strong association between parental characteristics such as depression status and the mother's perception of conjugal support was examined earlier. To what degree was the assessment of the support given by the father/partner associated with family functioning, and in particular the father/child relationship? First, the 1998 ÉLDEQ data reveal that family functioning was strongly associated with both instrumental and emotional perceived conjugal support. As shown in Figure 4.4, the proportion of mothers reporting low spousal support in terms of caring for the baby was approximately twice as high in dysfunctional families (38% vs. 17%), namely families whose members had difficulty resolving problems, communicating, controlling their antisocial behaviours and showing/receiving signs of affection. In addition, 42% of mothers in a dysfunctional family reported low support from their spouse in terms of housework versus 19% of other mothers. The gap widened with emotional support - not surprising given the similarity between the two scales.

As indicated in Figure 4.4, two out of three mothers in "dysfunctional" families said they received low emotional support from their spouse in times of sadness or feeling overwhelmed. From an other perspective, the results show that the proportion of infants in dysfunctional families was three times higher when the mother reported low instrumental support, 12% versus 4% for infant caregiving or housework, and eight times higher when she reported low affective support ($p < 0.05$) (data not shown). This is not without precedence, many studies revealing a strong association between unresolved family and spousal conflict and the development of psychopathology in the children (Downey & Coyne, 1990; Grych & Fincham, 1990), as well as a higher risk of union dissolution. It is mainly because they often affect parenting practices and parent/child relationships that such conflicts prove so detrimental to child development and adjustment (Cummings & Davies, 1998). Therefore we will conclude by examining the link between the degree of perceived support and the parent/child relationship.

Figure 4.4

Proportion of Mothers Reporting a Low Level of Conjugal Support by Family Functioning and Type of Support, 1998



1. $p < 0.05$.

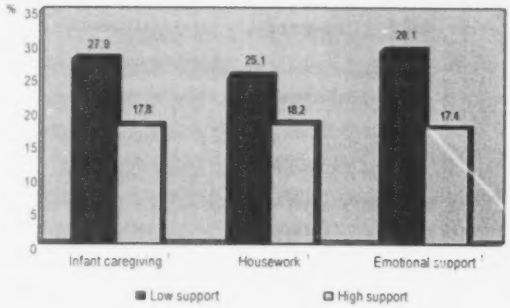
Source : *Institut de la statistique du Québec, ÉLDEQ 1998-2002.*

The ÉLDEQ 1998 data showed a significant association between perceived support provided by the father/partner in infant caregiving and the degree of positive interaction with the baby. Infants of mothers in the lowest quintile of support were less likely to be exposed to positive parenting practices than those of mothers who reported the highest level of support (45% vs. 53%; $p < 0.05$). No significant association was observed between the other two types of support (housework and emotional) and the degree of positive interactions with the infant, as defined in the study (data not shown).

The degree of perceived emotional support was positively associated with the mother's assessment of her capacity to accomplish parent-related tasks (self-efficacy) and inversely associated with the mother's tendency to coercion (PPBS). As indicated in Number 10 in this series of papers, the tendency to coercion refers to the propensity to respond in a hostile and restrictive manner to difficult behaviour in the baby. This shows a lack of sensitivity to the needs and moods of the infant. Low emotional support from the spouse was associated with a relatively high score on the coercion scale; 26% of mothers reporting weak emotional support from the spouse/partner were in the highest quintile on this scale, whereas this was the case for 18% of other mothers ($p < 0.05$). Similarly, 29% of those reporting weak emotional support were in the lowest quintile of self-efficacy versus 17% of mothers who reported stronger emotional support. This component of the mother/child relationship was also associated with perceived instrumental support (infant caregiving, housework), the relative percentages being essentially of the same order (Figure 4.5). Finally, the degree of spousal support in infant caregiving was positively associated with the score on the infant qualities scale, a dimension expressing the mother's perception of the physical and cognitive attributes of the child. In this regard, 25% of mothers receiving less support in infant caregiving were in the lowest quintile of this scale versus 19% of mothers reporting more support (data not shown). These results correspond to those obtained in other analyses of the 1998 data with regards to overall conjugal support (see No. 10 in this series of papers) and corroborate those observed in a recent study on the determinants of the mother/child relationship and, more specifically, coercive maternal behaviours (Meyer, 1999).

Figure 4.5

Proportion of Mothers Reporting Low Parental Self-Efficacy by the Degree of Perceived Conjugal Support and Type of Support, 1998



1. $p < 0.05$.

Source : *Institut de la statistique du Québec, ÉLDEQ 1998-2002.*

What about the fathers? Did fathers perceived as being more involved with their infant have a more satisfying relationship with their child? Again, there was a significant association between the mother's evaluation of spousal/partner support and various aspects of the father/child relationship, as the data from the PPBS section of the SAQF revealed. However, the difference between the low and high support groups seemed to be more striking in the fathers than in the mothers, particularly with regards to parental self-efficacy. Irrespective of the type of support, approximately twice as many fathers perceived as less

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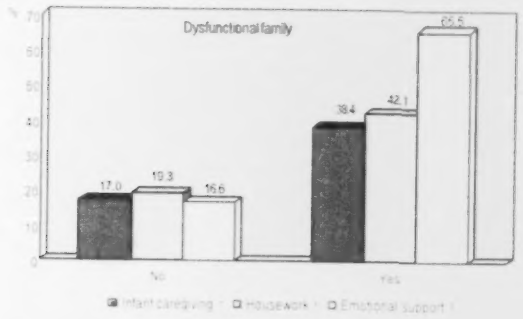

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Source : *Institut de la statistique du Quebec, ELDEQ 1998-2002*

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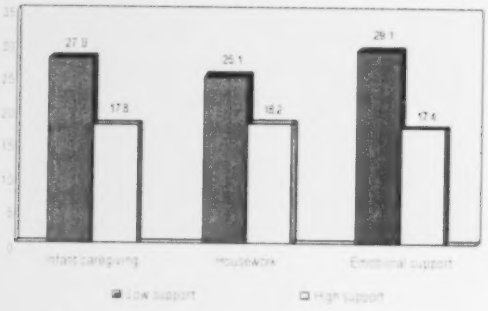


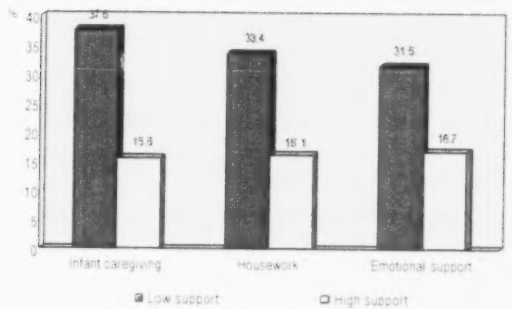
1 $p < 0.05$

Source : *Institut de la statistique du Quebec, ELDEQ 1998-2002*

What about the fathers? Did fathers perceived as being more involved with their infant have a more satisfying relationship with their child? Again, there was a significant association between the mother's evaluation of spousal/partner support and various aspects of the father/child relationship, as the data from the PPBS section of the SAQF revealed. However, the difference between the low and high support groups seemed to be more striking in the fathers than in the mothers, particularly with regards to parental self-efficacy. Irrespective of the type of support, approximately twice as many fathers perceived as less

supportive were in the lowest quintile on the parental self-efficacy scale, namely between 32% and 38% (by type of support) versus 16% (Figure 4.6). The same type of association was observed for perception of impact as a father, namely his assessment as to the effect of his own behaviour on the child's development: 26% of fathers who were giving less support according to their spouse were in the lowest quintile of this scale compared to only 17% of fathers judged to be more supportive ($p < 0.05$) (data not shown).

Figure 4.6
Proportion of Fathers Reporting Low Parental Self-Efficacy by Degree of Conjugal Support Perceived by the Mother and Type of Support, 1998



1. $p < 0.05$

Source : *Institut de la statistique du Québec, ÉLDEQ 1998-2002.*

However, the scale retained for perceived conjugal support in this analysis was not associated with the mother's perception of impact as a parent, the tendency to coercion in the fathers, or with the tendency to overprotection (the degree of inappropriate or excessive protection) in either the mothers or the fathers.

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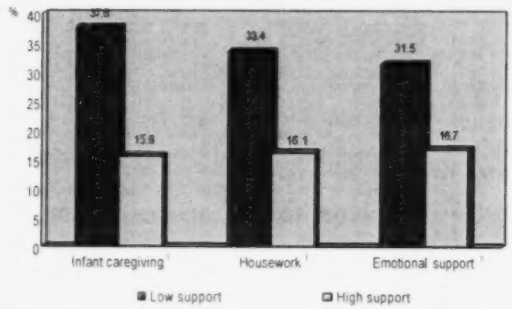

1. $p < 0.05$.

Source : *Institut de la statistique du Québec, ÉLDEQ 1998-2002.*

However, the scale retained for perceived conjugal support in this analysis was not associated with the mother's perception of impact as a parent, the tendency to coercion in the fathers, or with the tendency to overprotection (the degree of inappropriate or excessive protection) in either the mothers or the fathers.

5. Conclusion

Québec mothers' assessment of the support given by their spouse/partner when their infant was 5 months old gives a partial snapshot of the family life and the couple's relationship in 1998. For certain spouses, the arrival of the baby marks their debut as a parent; for others, it constitutes the beginning of another growth phase of the family. In both cases, the arrival of a (new) child represents a transition in the life of a couple, a stage in the process of adjustment that can stretch for several months, indeed, several years (Belsky & Rovine, 1990).

As we have seen, the majority of Québec mothers had a favourable perception of the father or spouse/partner's support, both instrumental and emotional. However, some felt more alone and less supported by their spouse during this generally demanding period of life. It will be interesting to document the evolution of the couple's relationship over time and in association with certain changes in the family such as the arrival of another child. Pre-existing conditions likely to be associated with conjugal dynamics in the transition to parenthood, notably the desire to have a baby, will be recorded in retrospective fashion in future years of the longitudinal survey. Other data on the quality of the couple's relationship collected from the mother and father/spouse, as well as help received from the extended family such as grandparents, will also be examined in relation to various aspects of child development.

Even at this juncture, certain results obtained in Year 1 of ÉLDEQ deserve attention because of their potential value in the planning of preventive interventions targeting child development. The results substantiate similar findings of other cross-sectional and longitudinal studies on the interrelatedness of parental partnership and parenting outcomes. In spite of this, the parent/child relationship is still often judged only in association with the individual characteristics of the parent, usually the mother. Recent studies show the limits of this approach in that it tends to conceal the fact that the parent or stepparent may be involved in a relationship, so couple dynamics do play a role (Gloger-Tippelt & Huerkamp, 1998). Even in separated couples, the type of relationship the ex-spouses have becomes an important indicator that must be take into account if we hope to understand the impact of family dissolution on the children (Donnelly & Finkelhor, 1992; Jutras & Dandurand, 1994). Since the type of relationship that arises between ex-spouses or between the non-custodial parent and the children is strongly associated with the family dynamics preceding the union's dissolution, a better understanding of the various sub-systems and the links among the sub-systems that comprise the family (couple, parent/child) before a break-up is undeniably important.

This raises the question of intervention. The rapid increase in recent years in union dissolutions involving children has led the Québec government to implement mandatory mediation services at the time of the break-up to ameliorate the process, both for parents and the children. However, organizations concerned with this such as the *Conseil de la famille et de l'enfance* (Council for the Family and Childhood) have recently underlined the importance of directing energy to the prevention of problems in couples with children, given the human costs associated with conjugal conflict (*Conseil de la famille*, 1996, 1997).

Among the interesting results to highlight because of their utility in developing programs and interventions for families, birth order stands out. More mothers of children who were the second or later child reported weak support from their spouse/partner, both in terms of domestic tasks (caregiving for the infant, housework) and during times when they felt sad or overwhelmed. The latter finding suggests that it would be important not to focus only on first-time parents in the planning of support programs for families.

Finally, one of the most rewarding benefits and particular advantages of this study was the fact that information was collected on the spouse/partner, not only from a third party, in this case, the mother, but also by means of a self-administered questionnaire for the father/spouse. The analysis of factors associated with perceived conjugal support revealed a strong association between the degree of support reported by the mother and certain characteristics of the father such as depression status. In terms of the parent/child relationship, the results showed that fathers perceived to be more involved instrumentally and emotionally considered themselves more effective as parents. Though the mechanisms at work here remain to be understood, the results suggest that greater involvement on the part of the father has beneficial effects, both

for the fathers themselves and for the various sub-systems of the family unit (couple, parent/child), these diverse elements being inter-related.

Following the social and economic transformations of the past thirty years such as the massive influx of women into the workforce, numerous studies have underlined the persistence of inequities in the division of labour with regards to family and household responsibilities in couples with children. In this regard, certain individual characteristics stand out, the most common being sociodemographic or socioeconomic, as a means of explaining the variations observed. Further research needs to be conducted in order to better identify, particularly through multivariate analyses, the configuration of factors - social, family, psychological - that foster greater involvement on the part of fathers in family life, given the benefits this seems to bring to everyone involved. To shed light on this process, this study has shown that it is important to widen our focus to include fathers' perspective, since they are important actors in family life and child development.

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Glossary

Centre de la petite enfance	Child-care centre
Commission d'accès à l'information du Québec - CAI	Québec Access to Information Commission
Conseil québécois de la recherche sociale (CQRS)	Social Research Council of Québec
Direction de la méthodologie et des enquêtes spéciales, ISQ	Methodology and Special Surveys Division, ISQ
Direction de la santé publique de la Régie régionale de la santé et des services sociaux de Montréal-Centre	Public Health Department, Montréal-Centre Regional Health Board
Direction de la technologie et des opérations statistiques, ISQ	Technology and Statistical Operations Division, ISQ
Direction des normes et de l'information, ISQ	Standards and Information Division, ISQ
Direction Santé Québec, ISQ	Health Québec Division
Étude des jumeaux nouveaux-nés au Québec - ÉJNQ	Québec Study of Newborn Twins
Fichier maître des naissances	Master Birth Register
Fonds de la recherche en santé du Québec (FRSQ)	Health Research Fund of Québec
Fonds pour la formation de chercheurs et l'aide à la recherche (FCAR)	Researcher Education and Research Assistance Fund
Groupe de recherche sur l'inadaptation psychosociale chez l'enfant - GRIP	Research Unit on Children's Pyschosocial Maladjustment
Institut de la statistique du Québec, ISQ	Québec Institute of Statistics
La Politique Familiale	Policy on Families
Le Rapport Bouchard (1991) « Un Québec fou de ses enfants »	The Bouchard Report, 1991: A Québec in Love with its Children
Les Priorités nationales de santé publique	Priorities for Public Health
ministère de l'Éducation	Ministry of Education
ministère de la Famille et de l'Enfance	Ministry of Family and Child Welfare
ministère de la Justice	Ministry of Justice
ministère de la Recherche, Science et Technologie	Ministry of Research, Science and Technology
ministère de la Santé et des Services sociaux du Québec (MSSS)	Ministry of Health and Social Services of Québec
ministère de la Sécurité publique	Ministry of Public Security
ministère de la Solidarité sociale	Ministry of Social Solidarity - formerly Income Security (Welfare)
Politique de la santé et du bien-être	Policy on Health and Well-Being
Service de la recherche	Research services
Service de support aux opérations de la Régie de l'assurance-maladie du Québec - RAMQ	Operations Support Section of the Québec Health Insurance Board

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This paper is one of a series comprising Volume 1 of: JETTÉ, M., H. DESROSIERS, R. E. TREMBLAY and J. THIBAULT (2000) *Longitudinal Study of Child Development in Québec (ÉLDEQ 1998-2002)*, Québec, Institut de la statistique du Québec, Vol. 1.

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Focusing on two-parent families, Part II provides a detailed analysis of the support given by the father (or spouse/partner) during the postnatal period. The degree of emotional and instrumental support (taking care of the baby, household chores) is examined in association with various characteristics of the infant, mother and father. Also studied is the interplay between spousal support reported by the mother and various aspects of the mother/child and father/child relationships.

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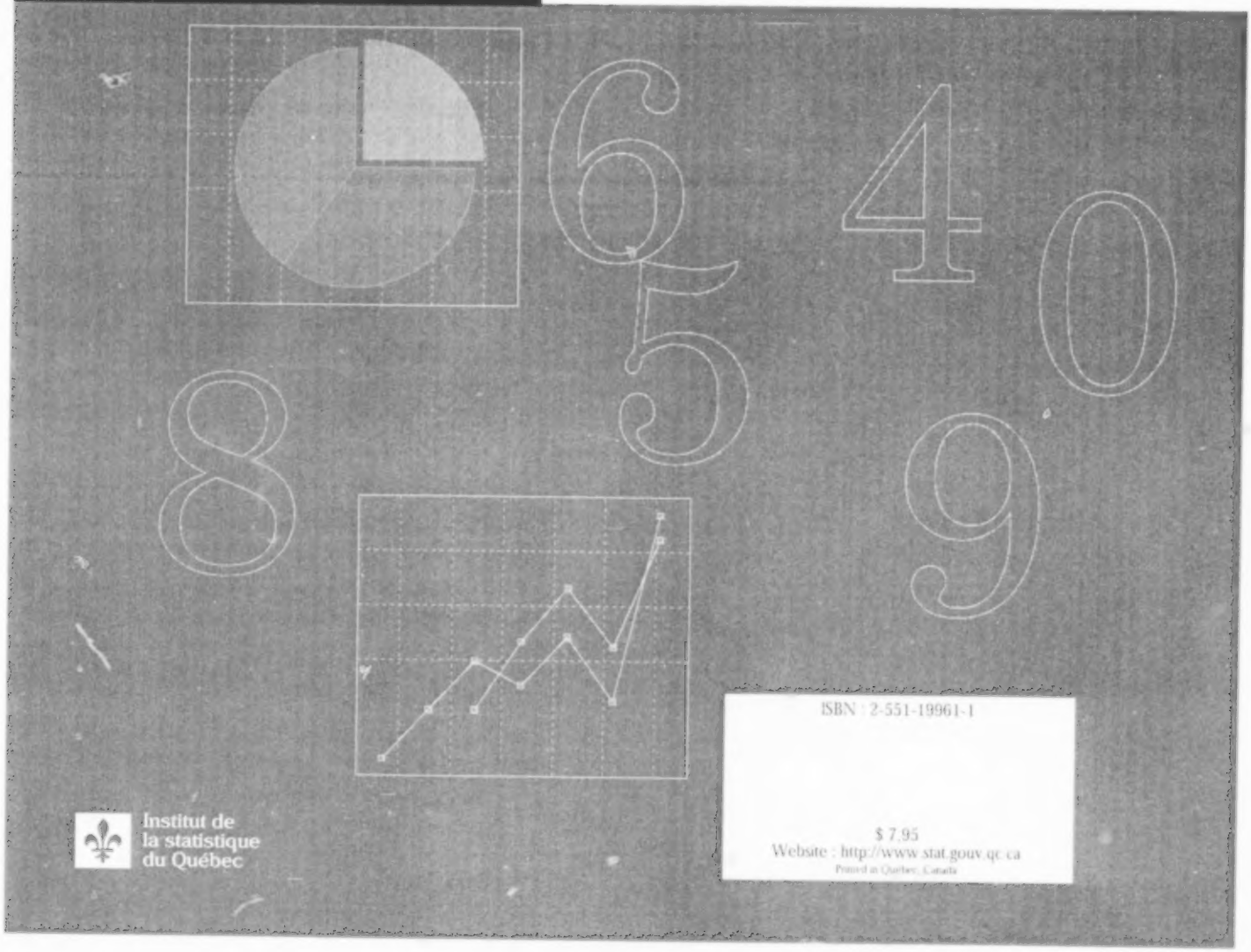

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